



# Client Connect Series Payroll Deduction Form

## Important information about this form:

- Fill out this form to set up payroll deduction contributions to your NextGen 529 account, or to change existing payroll deduction contributions.
- To stop payroll deduction contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **NextGen 529 Client Connect Series Program Description and Participation Agreement**.
- Please submit a different form for each NextGen 529 account you want to make payroll deduction contributions to.
- Your NextGen 529 account must be open before you submit this form to your employer and the plan to start payroll deductions. Assets will be allocated based on your investment selection for your NextGen 529 account.
- Once completed you'll need to give a copy of this form to your employer and mail the original to NextGen 529 at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll deduction can be accepted. Please keep an additional copy of this form for your records.
- Make sure you use black ink. Type or print clearly in capital letters.

## Need help?

Give us a call Monday – Friday  
from 8am-8pm ET at  
**1-833-336-4529**  
**(1-833-33NG529)**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

NextGen 529  
PO Box 534457  
Pittsburgh, PA 15253-4457

## Overnight Mail:

NextGen 529  
Attention: 534457  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

1-844-751-0017

## 1 NextGen 529 account information

\_\_\_\_\_  
Name of Participant/Account Owner (First and Last)

\_\_\_\_ \_  
Participant/Account Owner's Last 4 Digits of Social Security or Taxpayer Identification Number

\_\_\_\_ \_  
NextGen 529 Account Number

\_\_\_\_\_  
Name of Designated Beneficiary

**2 Payroll deduction instructions**

(Select one)

- Set up a new payroll deduction
- Changing existing payroll deduction instructions  
(This will replace any previous payroll deduction instructions for this account)

**3 Employee information**

\_\_\_\_\_  
Employee ID Number (only if required by an employer)

\_\_\_\_\_  
Name of Employee (First and Last)

\_\_\_\_\_  
Name of Employer

**Employer address**

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
City

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
State ZIP Code

\_\_\_\_\_  
Employer Contact Name

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
Employer Telephone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Ext.

**4 Payroll deduction amount**

Your employer will deduct the amount indicated below and send to NextGen 529 on your behalf. Assets will be allocated based on your investment selection for your NextGen 529 account.

How often would you like to make a payroll deduction?

- Weekly**
- Biweekly**
- Monthly**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Payroll Deduction Amount

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Effective Date (MM/DD/YYYY) This is the date the employee  
wants the employer to begin their payroll deductions

**5 Sign the form**

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my NextGen 529 account.

- I understand that my NextGen 529 account may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my account.
- This authorization will remain in effect until cancelled by me or by NextGen 529, or upon termination of my employment with my employer.

\_\_\_\_\_  
Signature of Participant/Account Owner

\_\_\_\_\_  
Date (MM/DD/YYYY)

If I am an individual other than the Participant, authorizing the automated funding, I acknowledge that I will have no subsequent control over the contributions and that only the Participant may direct transfers, rollovers, investment changes (as permitted under federal law), withdrawals and changes to the Designated Beneficiary.

\_\_\_\_\_  
Contributor Signature (required if contributions are made by a person other than the Participant)

\_\_\_\_\_  
Date (MM/DD/YYYY)

Vestwell State Savings, LLC (“Vestwell”) is the program manager, The Bank of New York Mellon is the program custodian, BlackRock Advisors, LLC is the program investment manager, and Northern Lights Distributor, LLC is the Connect Series distributor.

**Investment products are not FDIC insured, are not bank guaranteed, and may lose value.**

 **Vestwell**  
Program Manager

  
FINANCE AUTHORITY OF MAINE  
Program Administrator

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## **Employee Checklist**

**Please read this checklist carefully before completing this form.**

- ✓ Be sure to include your employee ID number (if you have one) on this form to help your employer identify your payroll record.
- ✓ **Give a copy of this form to your employer.**
- ✓ **Mail this original form to NextGen 529 at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll deduction contribution can be accepted.
- ✓ You must contact your employer to stop payroll deductions.
- ✓ If you have questions, please contact NextGen 529 customer service.

## **Direct deposit details for employer**

Direct deposit is typically handled by your payroll department. The employer must use the banking information below to send money to your NextGen 529 account. Please ensure you provide a copy of this form to your employer.

**Bank of New York:** ABA 011001234

**Account Owner Name:** Name of employee

**Mellon Account #:** 907XXXXXXXXXX9999

(Account number is a 17 digit number and must start with 907, followed by 0+Account Owner SSN and end with 9999)