

2 Contribution Instructions (continued)

Tell the Program how to allocate your contributions among Investment Options and/or Beneficiaries. Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper if needed.

Beneficiary Name (Provide first and last name.)	Investment Options (Enter Inv. Option Code from below.)	Check if new Investment Option	Percentage of each contribution
1.		<input type="checkbox"/> New Option	%
2.		<input type="checkbox"/> New Option	%
3.		<input type="checkbox"/> New Option	%
4.		<input type="checkbox"/> New Option	%
Total Allocation Per Pay Period			1 0 0 %

Investment Option Name (Fund Code)

Moderate Managed Allocation Option (Age based)	Social Choice Equity Option (2260)	Global Tactical Asset Allocation Option (2306)
Aggressive Managed Allocation Option (Age based)	Active Fixed Income Option (2253)	Principal Plus Interest Option (1956)
Conservative Managed Allocation Option (Age based)	Index Fixed Income Option (2281)	Money Market Option (2261)
Active Global Equity Option (2282)	U.S. Equity Index Option (2304)	International Equity Index Option (2305)
High Equity Balanced Option (1955)	Global Equity Index Option (2251)	

3 Employee Authorization and Signature

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my *Connecticut Higher Education Trust* Account(s). I acknowledge and agree my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the *Connecticut Higher Education Trust* and its agents to make adjustments to my Account(s) to correct such errors.

I understand my *Connecticut Higher Education Trust* Account(s) may not be credited with my payroll contributions until the funds are received from my employer and the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by *Connecticut Higher Education Trust* or upon termination of my employment with my employer.

Employee Signature (The employee must be the Account Owner or the Custodian for a Minor.)

Date

For Employee

- 1) Mail this form to the Program and make a copy to retain for your records. Please note it may take up to 10 days from the receipt of this form by the Program before a payroll contribution can be accepted. To confirm receipt and processing of this form, you may call the Program at 1-888-799-CHET (1-888-799-2438).
- 2) Provide a copy of this form to your employer's Payroll Department to initiate contributions by payroll direct deposit.*

OR*

If you are using an employer self-service portal to set-up payroll contributions to the Plan, you do not need to provide a copy of this form to your employer. Please follow these instructions:

Account Type: Select "Checking"
 Bank Transit/Routing Number: ABA Number 011000028
 Account Number: 99053373+Employee SSN/TIN (no dashes or spaces)

For Employer

To establish automatic payroll direct deposit to the Connecticut Higher Education Trust for any employee, confirm the employee has submitted the original of this form to the Program. It may take up to 10 days upon receipt of this form by the Program before a payroll contribution can be accepted. Then use the following instructions to send payroll direct deposits via ACH (Automated Clearing House):

- ✓ Code the account type (i.e., deposit) as "Checking"
- ✓ Transmit the funds to:
 - State Street Bank & Trust Company
 - ABA Number: 011000028
 - 17 Digit Account Number: 99053373+Employee's SSN/TIN (no dashes or spaces, e.g. 99053373111111111)

Mail this form to:

Regular Mail
 Connecticut Higher Education Trust
 P.O. Box 219125
 Kansas City, MO 64121-9125

