



Instructions

Please complete this form for the following: 1.) Establish payroll contributions to your Account(s), or 2.) Change your payroll contributions and/or how payroll contributions are allocated among the Investment Portfolios. **Note: Contact your employer to change your contribution amount or to stop your deductions.**

If you are establishing payroll deduction for a new Account, complete and attach an Account Application for each Account, and mail both the Account Application(s) and this form to (MI 529 Advisor Plan) MAP. Print clearly in capital letters with blue or black ink.

If you are using your employer's online self-service portal to set-up contributions, follow the instructions in the "For Employee" section of this form, and mail the original completed form to MAP. You do not need to submit a copy to your payroll department.

1 Employee Information *(The employee must be the Account Owner)*

Employee Social Security or Taxpayer Identification Number

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Employee Name (First, MI, Last, Suffix)

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Employer Name

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Employer Contact Name

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Employer Telephone Number

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2 Contribution Instructions *(You must complete all applicable parts of this section.)*

Important: Initial Sales Charges on purchases of Class A Units are waived for Account Owners for whom contributions are made through employer payroll contribution plans approved by the Distributor.

<input type="checkbox"/> Check here to establish payroll deduction for the first time. <i>It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted</i>	<input type="checkbox"/> Check here to change the amount of your payroll deductions and/or your allocations among the Investment Portfolios. Use one form for all your Accounts or call MAP to make the desired changes.
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Total Contribution Amount per pay period (on an after tax basis): *The minimum contribution is \$15 per investment portfolio, per Beneficiary, per pay period.*

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- Indicate below the percentage (%) to be allocated each pay period to each account. Use the list on the next page to select one or more Investment Portfolios for each Account receiving deductions.
- Use only one form to contribute to all account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.
- Indicate below how each contribution, by Investment Portfolio name and percentage (%), should be allocated each pay period to each Account.

Beneficiary Name <small>(Provide first and last name)</small>	Investment Portfolios <small>(Fund codes and names appear on the next page.)</small>	Check Box if you currently own this Investment Portfolio as Class A Shares	Check Box for New Investment Portfolios	Percentage of each contribution		
						%
		<input type="checkbox"/>	<input type="checkbox"/>			%
		<input type="checkbox"/>	<input type="checkbox"/>			%
		<input type="checkbox"/>	<input type="checkbox"/>			%
		<input type="checkbox"/>	<input type="checkbox"/>			%
Total Allocation Per Pay Period				100		%

Investment Portfolios		
Age-Based Investment Portfolio	Santa Barbara Dividend Growth Portfolio	Harding Loevner Global Equity Portfolio
Capital Appreciation Portfolio	TIAA Large Cap Value Portfolio	Oakmark International Portfolio
Conservative Allocation Portfolio	Harbor Capital Appreciation Portfolio	DFA Emerging Markets Portfolio
Nuveen Alternative Income Portfolio	Ariel Portfolio	MetWest Total Return Bond Portfolio
TIAA Large Cap U.S. Equity Index Portfolio	TIAA U.S. Small Cap Portfolio	Nuveen Strategic Income Portfolio
Nuveen Inflation-Linked Portfolio	TIAA Social Choice Bond Portfolio	Principal Plus Interest Portfolio
TIAA Social Choice Equity Portfolio	Nuveen Real Asset Income Portfolio	

3 Employee Authorization and Signature

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my *MI 529 Advisor Plan* 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 *MI 529 Advisor Plan* and its agents to make adjustments to my Account(s) to correct such errors.

I understand my *MI 529 Advisor Plan* Account(s) may not be credited with my payroll deduction 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 *MI 529 Advisor Plan*, or upon termination of my employment with my employer.

Employee Signature (The employee must be the Account Owner)

Date

All Employees

- ✓ Make a copy of this form and retain for your records.
- ✓ Provide a copy of this form to your Human Resources or Payroll Department so they can initiate payroll deduction into your MI 529 Advisor Plan account(s).
- ✓ **Important: You do not need to provide a copy of this form to your employer if you are using an employer self-service portal to set-up payroll deductions to MAP.**

All Employers

To establish automatic payroll deduction for any employee:

- ✓ Send deduction 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: 99000333+Employee's SSN/TIN (no dashes or spaces, e.g. 9900033311111111)

It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.

Mail This Form To:

Via regular mail:

MI 529 Advisor Plan
 PO Box 219295
 Kansas City, MO 64121-9295

Via overnight courier:

MI 529 Advisor Plan
 c/o DST
 430 W 7th Street Suite 219295
 Kansas City, MO 64105-1407