



**Mississippi Affordable College Savings  
MACS Direct Program  
Direct Deposit Payroll Deduction Form**  
*Questions?* Call toll-free 1-800-486-3670  
 P.O. Box 55037, Boston, MA 02205-5037  
 Visit [www.MS529.com](http://www.MS529.com)

**Instructions**

- Complete this form to establish or change a Direct Deposit from your paycheck into your existing MACS(s). **You may also need to complete a separate form, as required by your employer, before your direct deposit can be implemented.**
- Instructions contained in this form will replace any previous instructions on file for the Beneficiary account(s) listed below.
- Print in capital letters with blue or black ink.
- Submit a copy of this form to your employer.
- Mail the original form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-0537.
- Forms may be downloaded at [www.MS529.com](http://www.MS529.com) or you may call MACS toll-free at 1-800.486.3670 to order forms, perform certain account transactions, or to get help completing a form.

**1 What would you like to do?** *(Check only one box.)*

<input type="checkbox"/> <b>Establish Direct Deposit Payroll Deduction</b>	<input type="checkbox"/> <b>Change allocation</b> among Investment Options or Beneficiaries <b>Use one form for all accounts.</b>	<input checked="" type="checkbox"/> <b>Increase/decrease amount</b> Contact your employer to change the amount or to stop payroll deduction. <b>Do not submit this form to MACS.</b>
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**2 Employee Information** *(The employee must be the Account Owner or the Custodian for a Minor.)*

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<i>Employee Social Security or Taxpayer Identification Number</i>	<i>Employee ID Number</i>
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<i>Account Owner (Employee) Name (First, MI, Last, Suffix)</i>	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<i>Employer Name</i>	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<i>Employer Address</i>	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<i>Employer City, State, Zip</i>	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	
<i>Employer Contact Name</i>	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>	<b>E x t.</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<i>Employer Contact Telephone Number</i>	

**3 Employer Instructions** *(You must complete all applicable parts of this section.)*

- ✓ **Tell your employer how much to deduct from your pay each pay period.**  
*The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.*

<b>Contribution Amount per pay period:</b>	\$		,		.	0	0
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- ✓ **Tell your employer when to begin these deductions.**  
*Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.*

<b>Effective Date (MM/YY):</b>		-	2	0
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- ✓ **Tell your employer if this is a new or existing payroll deduction plan.**  
*Your employer may require you to complete a different form to request payroll deduction.*

<input type="checkbox"/> <b>New Plan</b>	<input type="checkbox"/> <b>Existing Plan</b> <i>(change amount)</i>
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**Important Information for Employers**

MACS can only accept payroll contributions via Automated Clearing House (ACH) funds. If your company cannot support ACH, please advise your employee accordingly. Payroll deductions will not be accepted by check or other methods of payment. For more information, please refer to the *Employer Checklist* on the next page.

#### 4 MACS Allocation Instructions *(You must complete all applicable parts of this section.)*

✓ **Tell MACS where to deposit your contributions.**

*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 (Fund codes and names appear on the next page.)	Is this a new Option?	Percentage of each contribution			
1.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
2.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
3.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
4.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
5.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
<b>Total Allocation Per Pay Period</b>			<b>1</b>	<b>0</b>	<b>0</b>	<b>. 0 0 %</b>

#### 4 Employee Authorization and Signature *(You must sign exactly as your Account is registered.)*

**By signing below,** I authorize my employer to remit Direct Deposits to my MACS Account(s). I understand that the Account(s) will not be credited until the funds are received in good order by the Plan. I acknowledge and agree that 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 Plan and its agents to make adjustments to my Account(s) to correct such error, if requested to do so by the employer. This authorization will remain in effect until cancelled by me or by MACS.

Account Owner (Employee)

Date

### Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Program Account(s). Please read it carefully.

- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form.
- ✓ Use one form to allocate payroll deduction into your MACS Account(s) for one or more Beneficiaries. Use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. This form will be rejected in its entirety if an allocation is not a whole percentage or if it results in a contribution amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option Name	Fund Code
Managed Allocation Option	Age based
Diversified Equity Option	1968
Fixed Income Option	2823
Guaranteed Option	1967

- ✓ The employee must be the Account Owner on all MACS Account(s). You cannot contribute into an Account owned by anyone else.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ You must contact your employer to change the amount or to stop payroll deduction. Contact MACS only to change your allocation.
- ✓ **Questions?** Visit [www.MS529.com](http://www.MS529.com) or call toll-free 1-800-486-3670.

### Employer Checklist

The following information has been developed to help an employer establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to MACS on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e. deposit) as "Checking" and transmit funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field where the first 8 digits identify *Mississippi Affordable College Savings*, i.e. DDA account number 99055279, and the next 9 digits identify the employee, i.e. the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ **Questions?** Visit [www.MS529.com](http://www.MS529.com) or call toll-free 1-800-486-3670.

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