

EdVestSM Payroll Direct Deposit Authorization



Complete this form and forward it to your payroll department to establish Payroll Direct Deposit for all or part of your paycheck to your *EdVest* account. Before completing this form, confirm with your payroll department that they offer this service through the Automated Clearing House and if they require their own form to establish Payroll Direct Deposit. If you have questions about this form or if you receive your checks from the federal government (or an agency of the federal government), call **1-888-338-3789** for assistance. Representatives are available 24 hours a day, 7 days a week.

1 EMPLOYEE INFORMATION (PLEASE PRINT)

Name of Employee (first, middle initial, last) _____ Social Security number/payroll ID _____
Mailing address _____ City _____ State _____ Zip code _____
Daytime phone number _____

2 DIRECT DEPOSIT AMOUNT

Amount to be deducted from your paycheck and invested into the *EdVest* account **each pay period** (\$15 minimum per Portfolio).

Note: You may change this amount at any time by notifying your payroll department.

\$ _____ OR Total net pay

3 EDVEST ACCOUNT INFORMATION

If you are establishing a new account, complete and forward an *EdVest* Account Application to Wells Fargo. After your new account is opened, we will send a confirmation letter with your new account number, which can be used to complete this Payroll Direct Deposit Authorization.

EdVest account registration _____

WIO _____
Prefix Fund number* Account number*

*List zeros before the Fund and/or account number to meet the minimum digit requirement, if applicable.

Employer Checklist:

- Code the *EdVest* account type as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- Enter the *EdVest* account number as a 17-digit field without any dashes or spaces:
3-digit prefix "WIO" ("W" and the number 0); 4-digit Fund number; and 10-digit account number.
- Questions? Call the number at the top of this form.

4 SIGNATURE OF EMPLOYEE

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in section 2 of this form and transmit that amount to the account number indicated in section 3 of this form. Investments will be made at the then current Net Asset Value of the Portfolio indicated herein, including any applicable sales charge. I understand that all instructions under the Payroll Direct Deposit Plan (the "Plan"), including changes in the amount of the investment or cancellation of the Plan, **must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions.** If monies to which I am not entitled are transmitted by my employer to my *EdVest* account, I authorize my employer to redeem on my behalf Portfolio shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the applicable Portfolio and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of Portfolio shares, and I agree not to make claims against *EdVest*, its Program Manager, transfer agent, distributor, or Board for following the instructions of my employer. The availability of funds in my account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

Submit this completed form to your payroll department.

X _____
Signature of Employee Print name Date

EdVest is a state-sponsored 529 college savings plan administered by the Wisconsin Office of the State Treasurer. Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment management and administrative services to the *EdVest* plan. Shares in the program are distributed by **Wells Fargo Funds Distributor, LLC**, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 109386 04-08