

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

✓ **Tell the Program 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.

Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

| Beneficiary Name (Provide first and last name.) | Investment Options (Fund codes and names appear on the following 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 % |
| Total Allocation Per Pay Period | | | 1 | 0 | 0 | . 0 0 % |

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

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my *Kentucky Education Savings Plan Trust (KESPT)* Account(s). 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.

I understand that my *KESPT* Account(s) 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(s). This authorization will remain in effect until cancelled by me or by the Plan, 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

Mail this form to:

Kentucky Education Savings Plan Trust
P.O. Box 8100
Boston, MA 02266-8100



Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Plan Account(s). Please read it carefully **before** completing this form.

- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form. That's how your payroll deduction is remitted to the Plan for deposit into your Account(s).
- ✓ Use one form to allocate your payroll deduction into your Plan Account(s) for one or more Beneficiaries. You may use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. **For example**, you could allocate a \$100 payroll contribution per pay period 50% each into 2 Investment Options (2 x \$50 = \$100). There are other possible allocations but the amount allocated to each Investment Option (for each Beneficiary) may not be less than \$15 per pay period.
- ✓ Your payroll deduction form will be rejected in its entirety if your total allocation does not equal 100% or if the contribution amount for any Investment Option (for any Beneficiary) is less than \$15.
- ✓ Refer to the *Disclosure Booklets*, then select from one or more of the following Investment Options for each Account you own:

| Investment Option | Fund Code | Investment Option | Fund Code |
|---------------------------|-----------|---------------------|-----------|
| Managed Allocation Option | Age based | Balanced Option | 2006 |
| Active Equity Option | 1970 | Fixed Income Option | 1971 |
| Equity Index Option | 1969 | Guaranteed Option | 1819 |

- ✓ The employee must be the Account Owner on all Plan Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your Employer and mail the original to the Plan, along with an *Account Application*, if applicable, at the address indicated below. It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ Use this *Payroll Deduction Form* to change your allocation among Investment Options and/or Beneficiaries at any time. (Note: You must contact your employer to change the amount or to stop payroll deduction.)
- ✓ **Questions?** Visit www.kysaves.com or call toll-free 1-877-598-7878.

Employer Checklist

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

- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the *Kentucky Education Savings Plan Trust*, i.e., DDA account number 99054199, 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.kysaves.com or call toll-free 1-877-598-7878.