BrightDirections529
Advisor-Guided College Savings

Payroll Direct Deposit Form

Return this Form to:	Overnight Mail:
Bright Directions College Savings Program P.O. Box 82623 Lincoln, NE 68501	Bright Directions College Savings Program 1248 O Street, Suite 200 Lincoln, NE 68508

If you have questions, please call us at **866.722.7283,** Monday–Friday, 7 a.m. to 6 p.m. (Central).

1. I Would Like to Use this Form to:

☐ **Start Payroll Direct Deposit**
☐ **Change the Contribution Amount**

Employee Steps:

1. Complete all four sections below.
2. Provide your Bright Directions Account number(s) in Section 4. If you do not have a Bright Directions Account, please complete an Enrollment form and mail both forms to Bright Directions.

Employer Steps:

1. Enter this withholding into your payroll system.
2. Fax this form to Bright Directions at 402.323.1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section
4. Bright Directions will contact you regarding contribution and remittance methods.

2. Account Owner Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Street Address (no P.O. Boxes): _____

Account Owner City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Contributor Name (if different than the Bright Directions Account Owner): _____

3. Employer Information

Company or Agency Name: _____

Street Address: _____

City, State, Zip: _____

Payroll Contact Name: _____

Payroll Contact Phone Number: _____

Payroll Contact Email Address: _____

Payroll Contact Fax Number: _____

4. Payroll Deduction Information

Amount of Payroll Direct Deposit (per pay-period): $ _____

Requested Start Date (check with your employer): _____

I request that the above deduction be deposited into the following Bright Directions Account(s) **(must total 100%, only whole percentages allowed):**

Beneficiary Name	Bright Directions Account Number	Percentage
		%
		%
		%
		%

5. Authorization

I hereby authorize the ongoing payroll deduction as set forth above and acknowledge that this deduction will continue until I notify my employer in writing to change or stop the deduction.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

Signature and Date Required

X _____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee — Date

_____

Print Name Here

_____

Title (if other than an individual)

Northern Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager