

Please make sure you mail this form to Path2College prior to submitting payroll direct deposit instructions through your TeamWorks employee payroll portal.



Path2College 529 Plan
PO Box 219293 Kansas City, MO 64121-9293
Payroll Direct Deposit Form
State of Georgia Employees
Questions? Call toll-free 1.877.424.4377

Instructions

- Use this form if you are an employee of the State of Georgia to make payroll contributions to your Plan Account(s) for one or more Beneficiaries.
Be sure to open a Path2College account online at Path2College529.com or attach an Account Application if you are opening a new Plan Account for any Beneficiary listed on this form.
Be sure to mail this form to the Plan prior to initiating payroll direct deposit, and whenever you are changing the allocation of your contributions (Section 2) among Investment Options and/or Beneficiaries.
Instructions contained in this form will replace any previous Payroll Direct Deposit instructions on file. You must include ALL Investment Options or Beneficiaries on this form even if you are changing the allocation for only one Investment Option or Beneficiary.
Print in capital letters with blue or black ink. Mail the original to the Plan, along with an Account Application, if applicable, to the address indicated above.
Once this form has been received in good order (see note below) please proceed to the State of Georgia TeamWorks payroll portal and enter the following information:

Routing Number: 011000028
Account Number: 99055634 +Employee SSN/TIN
Account Type: Checking

- Please note: It may take up to 10 days from the receipt of this form before a direct deposit can be accepted. You may want to confirm receipt of this form by calling Path2College prior to entering the routing instructions above.
Questions? Or to confirm receipt of this form, call toll-free 1.877.424.4377 (Monday – Friday from 8:00 AM – 8:00 PM ET).

1 Employee Information (The employee must be the Account Owner or the Custodian for a Minor.)

Employee Social Security or Tax Identification Number

Employee Social Security or Tax Identification Number

Employee Name (First, MI, Last, Suffix)

Employee Name (First, MI, Last, Suffix)

State of Georgia

Employer Name

Name of State Agency

State Agency Mailing Address

State Agency Mailing Address

City, State, Zip

City, State, Zip

Employee Telephone Number

Employee Telephone Number

Employee Email Address

Employee Email Address

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

Check here to establish payroll direct deposit for the first time.
Check here to change the allocation of payroll contributions among Investment Options and/or Beneficiaries.
It may take up to 10 days from the receipt of this form before a payroll direct deposit can be accepted.
Use one form for all Accounts or call the Plan to make this change.

Note: Please use the State of Georgia TeamWorks employee payroll portal to stop or change the amount of your payroll direct deposit.

2 Contribution Instructions (continued)

Amount you will be contributing by direct deposit each pay period (on an after-tax basis):

The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.

Contribution Amount per pay period:	\$										0	0
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Tell the Plan how to allocate your contributions among Investment Options and/or Beneficiaries.

Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name <small>(Provide first and last name.)</small>	Investment Options <small>(Enter Inv. Option code from below)</small>	Check if new Investment Option	Percentage of each contribution			
1.		<input type="checkbox"/> New Option			.	0 0 %
2.		<input type="checkbox"/> New Option			.	0 0 %
3.		<input type="checkbox"/> New Option			.	0 0 %
4.		<input type="checkbox"/> New Option			.	0 0 %
5.		<input type="checkbox"/> New Option			.	0 0 %
6.		<input type="checkbox"/> New Option			.	0 0 %
Total Allocation Per Pay Period			1	0	0	. 0 0 %

3 Account Owner Authorization and Signature *(You must sign exactly as your Account is registered.)*

By signing below, I certify that I have read the Plan Disclosure Booklet and that I understand the terms in it and the Participation Agreement contained in the Plan Disclosure Booklet.

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Account Owner Signature

Date

Employee Checklist

- ✓ Be sure to include the name and Investment Option selection for **each** Beneficiary listed on this form in Section 2, and that **each** Beneficiary listed has a Path2College account (or you have enclosed an account application(s) along with this form).
- ✓ This form will be rejected by Path2College in its entirety if your total allocation in Section 2 does not equal 100%.
- ✓ Use the list below to select one or more of the following Investment Options for each account you own:

Investment Option Name	Option Code
Managed Allocation Option	Age Based
Aggressive Managed Allocation Option	Agg Age Based
100% Equity Option	1213
Balanced Option	1214
100% Fixed-Income Option	1389
Money Market Option	1390
Guaranteed Option	1215

- ✓ The Employee must be the Account Owner of all Account(s). You cannot contribute into an Account owned by your spouse, or by anyone else.
- ✓ **Mail the original copy of this form to the Plan.** It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted.
- ✓ **You may want to confirm receipt of this form with Path2College before you input the payroll direct deposit instructions in the State of Georgia TeamWorks employee payroll portal.**

Mail to:



Overnight Mail
 Path2College 529 Plan
 430 W 7th Street, Suite 219293
 Kansas City, MO 64105-1407

Regular Mail
 Path2College 529 Plan
 P.O. Box 219293
 Kansas City, MO 64121-9293