

Payroll Deduction Plan
For SD State Employees
(for purchase of
Class SD-D Units)
Authorization Form
Part I:
Employee Information



This form — and companion form, Part II — should be used to **establish a new CollegeAccess 529 Plan account, and to authorize your employer to make periodic deductions from your paycheck. (Please note: changes to existing accounts require a separate Change Form.)**

You must allocate a minimum of \$25 per Portfolio, per Beneficiary, per pay period. No initial contribution is necessary to establish a payroll deduction plan account.

This form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read it carefully before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

When you have completed both parts of this form, please send it to your Human Resources Department.

If you have questions, call your Human Resources Department, or a CollegeAccess 529 Plan Investor Services Representative, toll-free, Monday–Friday, 7:00am–7:00pm Central Time, at **1-866-529-7462**.

PLEASE PRINT

I. Employee Information

Employee /Account Owner

First Name Middle Initial Last Name

Social Security Number Date of Birth

Citizenship of Primary Account Owner: U.S. Citizen Resident Alien

Residence (NO P.O. BOXES)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under “Mailing Address,” however, you must still provide information about your legal residence here. (See “Important information about procedures for opening a new account” at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

E-mail Address (optional)

Do NOT send me periodic updates about the CollegeAccess 529 Plan via e-mail.

Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Successor Owner (optional)

First Name Middle Initial Last Name DOB Social Security Number

Contingent Successor Owner (optional)

First Name Middle Initial Last Name DOB Social Security Number

Terms used in this application, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

You must be a U.S. Citizen or Resident Alien to open an account.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What does this mean for you? When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

In the event of death of the Account Owner, a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner’s estate. In the event of death of the Successor Owner, a Contingent Successor Owner would replace the deceased Successor Owner.

You must allocate a minimum of \$50 per portfolio per beneficiary per month. No initial contribution necessary. Total of percentages allocated among all Beneficiaries must equal 100%.

IMPORTANT NOTES ABOUT YOUR BENEFICIARIES

You must supply a valid Social Security Number, for each Designated Beneficiary, to open an account.

In the event an intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as: a) the Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and b) a valid Social Security Number for the new Beneficiary is provided to the Program Manager.

All Designated Beneficiaries must be either a U.S. Citizen or a Resident Alien.

All Investment Portfolios can be exchanged and reallocated, not more than once per calendar year, or upon certain limited conditions such as a change in beneficiary. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be payable only to the Account Owner of record and mailed to the address of record or existing wiring instructions on your account. See Plan Disclosure Statement for details.



CollegeAccess 529 Plan is a Section 529 college savings plan sponsored by the State of South Dakota, and managed and distributed by Allianz Global Investors Distributors LLC, 2187 Atlantic Street, Stamford, CT 06902, 1-866-529-7462. **(IMPORTANT: To avoid a potential processing delay, please DO NOT send applications to the address above; use address at right.)**

NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.

II. Payroll Deduction Amounts/Percentages

I wish to have deducted from my paycheck the following dollar amount(s).

Mid Month: \$ _____ End of Month: \$ _____

I wish to have the total periodic deduction(s) allocated among the various Portfolios associated with each of my Designated Beneficiaries in the following percentages.

Beneficiary Name	Portfolio Name	Percent
Beneficiary Name	Portfolio Name	Percent
Beneficiary Name	Portfolio Name	Percent
Beneficiary Name	Portfolio Name	Percent
Beneficiary Name	Portfolio Name	Percent
		100%
		Total

III. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change the allocation, unless you decline such privilege by marking one or more of the boxes below.

I decline *exchanges* by myself or any person I decline *withdrawals* by myself or any person.

If you do not decline the telephone privileges above, the Program manager may accept telephone instructions from any person identifying himself as the owner of an account, provided that the Program manager believes the instructions to be genuine, and thus you risk possible losses in the event of a telephone request not authorized by you.

IV. Signature and Agreement of Account Owner (Employee)

By signing below, I hereby request that a CollegeAccess 529 Plan Account be established, and upon such opening do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement attached hereto, and the current Plan Disclosure Statement. I understand that you may supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify in writing not to do so. As Account Owner, I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. **ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE COUNCIL, THE STATE OF SOUTH DAKOTA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL OR THE STATE OF SOUTH DAKOTA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PROGRAM MANAGER ON BEHALF OF THE COUNCIL, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE MY EMPLOYER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA, AND EACH OF THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL AND THE STATE OF SOUTH DAKOTA, FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.**

Signature _____

Date _____

V. Information for SD Bureau of Personnel

TO BE COMPLETED BY PFPC (PSD) TRANSACTION PROCESSING PERSONNEL.

Employee First Name _____

Middle Initial _____

Last Name _____

Social Security Number _____

Total amount to be invested (for all beneficiaries) each pay period \$ _____

ATTENTION PFPC (PSD) TRANSACTION PROCESSING PERSONNEL:

Please complete Section V above, and fax a copy of this page only to:

State of South Dakota Bureau of Personnel, Attn: Nancy Anderson, Fax: (605) 773-6947, Phone Number: (605) 773-6363.

For SD State Bureau of Personnel Department

Send completed form(s) to:

■ via U.S. Mail: CollegeAccess 529 Plan, P.O. Box 9775, Providence, RI 02940;

■ overnight: CollegeAccess 529 Plan, 101 Sabin Street, Pawtucket, RI 02860, Ph: 866-529-7462.