



# Payroll Direct Deposit

**Return this Form to:**

NEST Advisor 529  
P.O. Box 84529  
Lincoln, NE 68501-4529

**Overnight Mail:**

NEST Advisor 529  
3606 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **888.659.6378**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

## 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 NEST Advisor College Savings Plan Account number(s) in Section 4. If you do not have a NEST Advisor College Savings Plan Account, please complete an Enrollment Form and mail both forms to NEST Advisor 529.

**Employer Steps:**

1. Enter this withholding into your payroll system.
2. Fax this form to NEST Advisor 529 at 402.323.1053. Keep a copy of this form for your files.
3. Begin withholding as directed in Section 4.
4. NEST Advisor 529 will contact you regarding contribution and remittance methods.

## 2. Account Owner Information

Legal Name (First, M.I., Last): \_\_\_\_\_

Street Address (no PO Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contributor Name (if different than the NEST Advisor College Savings Plan Account Owner): \_\_\_\_\_

## 3. Employer Information

Company or Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Payroll Contact Phone Number: \_\_\_\_\_

Payroll Contact Email Address: \_\_\_\_\_



## 4. Payroll Direct Deposit Information

TOTAL Requested Payroll Direct Deposit (per pay-period): \$ \_\_\_\_\_

Requested Start Date (check with your employer): \_\_\_\_\_

I request that the above deduction be deposited into the following NEST Advisor College Savings Plan Account(s):

Beneficiary Name	NEST Advisor College Savings Plan Account Number	Amount
		\$
		\$
		\$
		\$

## 5. Authorization

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

### 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)



**UBT**  
Union Bank & Trust  
Program Manager

**Northern Trust  
Securities, Inc.**  
Distributor

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC.