Schwab 529 Education Savings Plan

Payroll Deduction Form



- Check with your employer to see if you can direct part of your paycheck to your Schwab 529 Plan Account.
- Complete this form to start or change the allocation of your Payroll Deduction instructions on your existing Schwab 529 Plan Account(s). You may also provide your Payroll Deduction instructions when you log on to our website at **schwab.com**. (If you have not established an Account for the Designated Beneficiary, please provide your Payroll Deduction instruction on an **Account Application** in lieu of completing this form.)
- After we process this form, you will receive a Payroll Deduction Confirmation Form, which you must sign and submit to your employer's
 payroll department. This confirmation form contains the information your employer needs to set up the direct investments by Automated
 Clearing House (ACH) from your paycheck to your Schwab 529 Plan Account(s). Your Payroll Deduction instructions will not take effect until
 your employer has established and initiated this process.
- To change the amount, or to stop Payroll Deductions, please contact your payroll office.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Return the completed form and any other required documents to:

Schwab 529 Plan
P. O. Box 2906
Shawnee Mission, KS 66201-2906

Account Owner/Employee information

Or Fax this form to: 1-617-559-8913.

Forms can be downloaded from our website at schwab.com/forms, or you can call us to order any form—or request assistance in completing this form—at 1-888-903-3863.

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3. Payroll Deduction instructions

Check one: New Payroll Deduction Change Allocation Instruction	ons
Deduct \$ from my paycheck each pay period and allocate the Accounts as detailed below.	amount among my Schwab 529 Plan
Please use an additional sheet if you have more than four Accounts.	
	\$
Account Number	Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	
	\$
Account Number	Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	
	\$
Account Number	Dollar Amount
Name of Designated Beneficiary (first, middle initial, last)	
	\$
Account Number	Dollar Amount
Name of Designated Despision, (first middle initial least)	
Name of Designated Beneficiary (first, middle initial, last)	
Signature — YOU MUST SIGN BELOW	
I certify that I have read and understand, consent, and agree to all the terms and condition	
Participation Agreement and understand the rules and regulations governing the Schwab	529 Plan.
SIGNATURE	
Signature of Account Owner/Responsible Individual/Employee	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Joint Account Owner	Date (mm/dd/yyyy)

Notice: Accounts established under the Schwab 529 Plan and their earnings are neither insured nor guaranteed by the State of Kansas, the Kansas State Treasurer, American Century Investments or Charles Schwab & Co., Inc. Accounts established under the Schwab 529 Plan are domiciled at American Century Investments and not at Schwab.

