## **IAdvisor 529 Plan Payroll Direct Deposit - Employer**

This form is used by the payroll department of the Participant's employer to establish a payroll deduction plan with the lowa Advisor 529 Plan. If you have questions about this form call **1-800-774-5127**. Information is also available online at **www.iadvisor529.com**.



EMPLOYER INFO	DRMATION						
To help ensure timely and accurate processing of this form, please print clearly.	Company Name			Federal Tax Identification number			
	Company address		City		State	ZIP code	
	Number of Employees in Company						
	Primary Contact Name			Primary Contact Title			
	Primary Contact Telephone Number			Primary Contact	Primary Contact Fax Number		
	Primary Contact E-mail Address						
PAYROLL DEDU	CTION TRANSMITTAL METH	IOD					
	Approximate date you inten	d to begin payroll de	eduction:	Date (mm/dd/yy	уу)		
	Frequency of deposits: Wee	kly Biweekly	Monthly	Quarterly Othe	er:		
	Do you use a third-party vendor?	No	Yes	If Yes, Name of Vendor:			
	Contribution Method:						
	Contribution via check (payable to "IAdvisor 529 Plan"): List bills						
	Employer sends one lump sum check along with roster to lowa Advisor 529 Plan via mail.						
	The check should be sent to: IAdvisor 529 Plan c/o Voya Investment Management PO Box 534469 Pittsburgh, PA 15253-4469						
	Individual direct deposit (via ACH, "Automated Clearing House": COPS)						
	Payroll Deduction method currently offered is direct deposit via ACH as initiated by the employer or account owner.						
	The funds are sent as follows:  BNY Mellon Bank Boston, MA  ABA # 011001234  Account Number: 9050xxxxxxxxxx9999						
	The Account number must be exactly 17 characters (9050+ account owner SSN+9999)						
	Automatic Investment Plan (All \$50 minimum per investment,		made from participa	nts bank account into the IAo	dvisor 529 acc	count.	
INVESTMENT DE	EALER INFORMATION						
	Firm Name			Branch Number	Repre	esentative Nur	
	Representative Name			il Address			
	Firm address		City		State	ZIP code	
	Talashana Numbar			Fax Number			
	Telephone Number		Fax i	Fax Number			

By signing this Employer Authorization Form and submitting it to IAdvisor 529 Plan, the company named in Section 1 and the authorized representative below hereby represents, warrant and agree to the following:

- 1. The undersigned is an authorized representative of the company.
- 2. The company authorizes and will cooperate with IAdvisor 529 Plan to provide an employer payroll deduction program or employee pre-authorized investment plan.
- 3. Copies of the IAdvisor 529 Plan Program Description and Participation Agreement have been or will be provided to each employee who chooses to open a specific IAdvisor 529 Plan Account.
- 4. If a payroll deduction program is being established:
  - a. The company will promptly transmit or cause to be transmitted to IAdvisor 529 Plan via check or wire transfer, an aggregate contribution equal to the sum of contributions of each employee participating in the payroll deduction program.
  - b. The company will transmit or cause to be transmitted to IAdvisor 529 Plan before or simultaneously with each contribution transmission complete and accurate contribution information in a form and substance mutually agreed to between the company and IAdvisor 529 Plan, containing the following: the company code assigned by IAdvisor 529 Plan, each participating employee's name, Social Security number or payroll ID number, and their contribution amount.
  - c. The company will hold harmless and indemnify IAdvisor 529 Plan and their affiliates, officers, directors, agents and employees for any loss that the company or any employee participating in the payroll deduction program may suffer as a result of the failure or delay of the company or company's third party vendor to transmit contributions or the contribution information in a timely and accurate manner.
  - d. The company is responsible for expenses associated with implementing and administering the payroll deduction program, including any costs associated with deducting and transmitting the contributions of employees participating in the program.
- 5. I understand that neither a IAdvisor 529 Plan program account, nor the principal, nor the investment return is guaranteed or insured by the FDIC.

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Signature of Authorized Company Representative	Date	
Please Print Full Name & Title of Authorized Representative		

IAdvisor 529 Plan is a part of the Iowa Educational Savings Plan Trust, a state-sponsored 529 college savings plan administered by the State of Iowa, for which the Treasurer of the State of Iowa serves as the Trustee. Voya Investment Management Co. LLC provides investment management and administrative services for the IAdvisor 529 Plan. Shares in the Program are distributed by Voya Investments Distributor, LLC, Member FINRA/SIPC.

