



## 4 Employee Authorization and Signature (You must sign exactly as your Account is registered.)

**By signing below**, I authorize my employer to process periodic deductions from my paycheck for contribution into my *Georgia Higher Education Savings Plan* Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the *Georgia Higher Education Savings Plan* and its agents to make adjustments to my Account(s) to correct such error.

I understand that my *Georgia Higher Education Savings Plan* Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by the *Georgia Higher Education Savings Plan*, or upon termination of my employment with my employer.

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

*Date*

## Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Plan Account(s). Please read it carefully **before** completing this form.

- ✓ Make sure that your employer is willing to direct your payroll deductions into the Plan via Automated Clearing House Funds (ACH). If not, you may want to consider an Automatic Contribution Plan (ACP) to authorize systematic withdrawals from your bank account for deposit into your Account(s) in the Plan. To establish ACP, use an *Electronic Banking Information Form*, or a new *Account Application*.
- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form. That's how your payroll deduction is remitted to the Plan for deposit into your Account(s).
- ✓ Use one form to allocate your payroll deduction into your Plan Account(s) for one or more Beneficiaries. You may use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%.  
**For example**, a \$100 payroll deduction per pay period could be allocated 50% into 2 Investment Options (2 x \$50 = \$100). There are other allocation choices but the amount allocated to each Investment Option (for each Beneficiary) must be no less than \$15.
- ✓ Your payroll deduction form will be rejected in its entirety if the any allocation is not a whole percentage or if any allocation results in a contribution amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option Name (Fund Type)	Fund Code
Managed Allocation Option (Age based)	Age based
Aggressive Managed Allocation Option (Age based)	Age based
100% Equity Option (Equity)	1213
Balanced Fund Option (Blended)	1214
Guaranteed Option (Guaranteed)	1215

- ✓ The employee must be the Account Owner on all Plan Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your Employer and mail the original to the Plan, along with a new *Account Application*, if applicable, at the address indicated below. It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ Use this *Payroll Deduction Form* to change your allocation among Investment Options and/or Beneficiaries at any time, or call the Plan. (Note: You must contact your employer to change the amount or to stop payroll deduction.)
- ✓ **Questions?** Visit [www.gacollegesavings.com](http://www.gacollegesavings.com) or call toll-free 1-877-424-4377.

## Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the *Georgia Higher Education Savings Plan*, i.e., DDA account number 99055634, and the next 9 digits identify the employee, i.e., the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ **Questions?** Visit [www.gacollegesavings.com](http://www.gacollegesavings.com) or call toll-free 1-877-424-4377.

### Mail this form to:

Georgia Higher Education Savings Plan  
P.O. Box 105307  
Atlanta, GA 30348-5307



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