

# DIRECT DEPOSIT



**✓ USE THIS FORM TO:**

- Establish direct deposit contributions into an existing Alaska 529 Account. This can also be done by calling ☎.

**IF YOU DO NOT HAVE AN ALASKA 529 ACCOUNT:**

- 🖨 Visit [Alaska529plan.com](http://Alaska529plan.com) to open an Account online.
- ✉ Complete the [New Account Agreement](#) form to open an Account by mail.
- ☎ Call **1-800-478-0003** to open an Account by phone.

**RETURN THIS FORM TO:**

Alaska 529  
 P.O. Box 17302  
 Baltimore, MD 21297-1302

✂ This paper clip indicates you may need to attach documentation.  
*Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.*

## 1 ACCOUNT INFORMATION

The allocation you request below will apply anytime you use the routing and account number we provide you. To change the allocation, call **1-800-478-0003** and provide your direct deposit account number.

For federal government paychecks or pensions, a completed Form 1199A is required and can be obtained by your employer. ✂

Once your form has been processed, you will receive a confirmation that will include additional information and the bank routing and account number you will need to complete the direct deposit process. There is a \$25 minimum contribution per Account, per month.

### 1 A CONTRIBUTOR INFORMATION

Contributor Name	Day Phone
Email Address	Evening Phone

## 2 SIGNATURE

By signing this form, I understand and hereby certify that:

- The signature on this form is a genuine signature of the respective individual.
- Payroll deduction dates are determined by my employer and cannot be changed by the Plan.

### 1 B CONTRIBUTION INSTRUCTIONS

Portfolio Name	Alaska 529 Account Number
Beneficiary Name	Allocation %*

### SIGNATURE AND DATE REQUIRED

Contributor	Date (mm/dd/yyyy)
X	
Print Name	

Portfolio Name	Alaska 529 Account Number
Beneficiary Name	Allocation %*

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\*NOTE: Total allocation must equal 100% and may not include fractional percentages.

