



Connecticut Higher Education Trust

Payroll Deduction Form (for non-State of CT Employees)

Use this form to establish or modify Payroll Deduction

Use this form only if you are not a State of Connecticut Employee.

Questions? Call toll-free 1-888-799-CHET (1-888-799-2438),
P.O. Box 150499, Hartford, CT 06115-0499
Visit www.aboutCHET.com

Instructions

- Read the *Disclosure Booklet* and the *Employee Checklist* on the reverse side before completing this form.
(A special note to State of Connecticut employees: STOP HERE. Use the *State of Connecticut Employee Payroll Deduction Form*, which is available online or by calling the Program. **Do not use this form.**)
- Only non-State of Connecticut employees should use this form to contribute to your Program Account(s) for one or more Beneficiaries. **Be sure to attach an Account Application if you are opening a new Program Account for any Beneficiary.**
- Instructions contained in this form will replace any instructions previously submitted to the Program **in their entirety**. You can obtain additional copies of this form, or of any Program form, by visiting www.aboutCHET.com or calling the Program.
- Print in capital letters with blue or black ink. Give a copy of this form to your Employer and mail the original to the Program, along with an *Account Application*, if applicable, at the address indicated above.
- Note:** The Program can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Program (ACP). Visit the web site or call the Program for more information.

1 What would you like to do? (Check only one box, and then complete all sections of this form.)

<input checked="" type="checkbox"/> Establish payroll deduction Check this box to establish payroll deduction for the first time.	<input type="checkbox"/> Change allocation Check this box to reallocate among Options or Beneficiaries. Use one form for all accounts or call the Program to make this change.	<input type="checkbox"/> Increase/decrease amount Contact your employer to change the amount or to stop payroll deduction. Do not submit this form to the Program.
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2 Employee Information (The employee must be the Account Owner or the Custodian for a Minor.)

0 1 2 - 3 4 - 5 6 7 8	Note: Do not use this form if you are a State of Connecticut employee.
<i>Employee Social Security or Taxpayer Identification Number</i> J O H N A S A M P L E	
<i>Employee Name (First, MI, Last, Suffix)</i> A B C C O R P O R A T I O N	
<i>Employer Name</i> 9 5 M A I N S T R E E T	
<i>Employer Address</i> A N Y T O W N C T 1 2 3 4 5	
<i>City, State, Zip</i> S U S A N S M I T H	
<i>Employer Contact Name</i> 2 0 3 - 5 5 5 - 3 6 7 8 E x t. 1 2 3	
<i>Employer Contact Telephone Number</i>	

3 Contribution Instructions (You must complete all applicable parts of this section.)

- **Tell your employer how much to deduct from your pay each pay period.**
The minimum contribution is \$15 per investment option, per Beneficiary, per pay period.
Contribution Amount per pay period: \$, 2 0 0 . 0 0
- **Tell your employer when to begin these deductions.**
Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.
Effective Date (MM/YY): 0 1 - 2 0 0 8
- **Tell the Program where to deposit your contributions.**
Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name <small>(Provide first and last name.)</small>	Investment Options <small>(Fund codes and names appear on the next page.)</small>	Is this a new Option?	Percentage of each contribution
1. Anne M Sample	1955	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
2. Anne M Sample	2253	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
3. David R Sample	2251	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
4. David R Sample	1956	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	2 5 . 0 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

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 *Connecticut Higher Education Trust (CHET)* 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 CHET and its agents to make adjustments to my Account(s) to correct such error.

I understand that my CHET 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 CHET, or upon termination of my employment with my employer.

John A Sample

February 19, 2008

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 **(non-State of Connecticut) employees** establish payroll deduction. Read it carefully.

- ✓ Make sure that your employer is willing to direct your automatic payroll deductions into the Plan via Automated Clearing House (ACH) funds. If not, you may want to consider an Automatic Contribution Plan (ACP) to authorize systematic withdrawals from your bank account for deposit into the Program. Refer to the *Disclosure Booklet* for more information, then call or visit the Program's web site to obtain an *Electronic Banking Information Form*.
- ✓ 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 Program for deposit into your Account(s).
- ✓ Use one form to allocate your payroll deduction into your Program 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%.
- ✓ Use only whole percentages to allocate your contributions and verify that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary).
For example, a \$100 payroll deduction 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 allocation is not a whole percentage or if any allocation results in an amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ Select from one or more of the following Investment Options for each Account you own:

Investment Option Name (Fund Code)	
Managed Allocation Option (Age based)	Social Choice Equity Option (2260)
Aggressive Managed Allocation Option (Age based)	Principal Plus Interest Option (1956)
High Equity Option (1955)	100% Fixed Income Option (2253)
100% Equity Index Option (2251)	Money Market Option (2261)

- ✓ The employee must be the Account Owner on all Program Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ **Deliver a copy of this form to your (non-State of Connecticut) employer's payroll office to begin payroll deductions.**
- ✓ CHET will process your payroll deductions upon receipt of funds from your employer in good order though it may take up to 10 days from the receipt of this form by CHET 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. You can obtain additional copies of this form, or of any Program form, by calling the Program or by visiting www.aboutCHET.com and clicking on *Account Forms*. **Note: You must contact your (non-State of Connecticut) employer to change the amount or to stop payroll deduction.**
- ✓ **Questions?** Visit www.aboutCHET.com or call toll-free 1-888-799-CHET.

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 Program 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 *Connecticut Higher Education Trust*, i.e., DDA account number 99053373, 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.aboutCHET.com or call toll-free 1-888-799-CHET.

Mail this form to:

Overnight Mail

Connecticut Higher Education Trust
30 Dan Road
Canton, MA 02021-2809

Regular Mail

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499



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