

Connecticut Higher Education Trust State of Connecticut Employee Payroll Deduction Form

Use this form to establish or modify Payroll Deduction

Use this form only if you are a State of Connecticut Employee

Mail: CHET, P.O. Box 150499, Hartford, CT 06115-0499

Call: 1-888-799-CHET (1-888-799-2438) (toll-free)

Visit: www.aboutCHET.com



Instructions

- Read the *Disclosure Booklet* and the *State of Connecticut Employee Checklist* on the next page before completing this form.
(A special note to non-State of Connecticut employees: STOP HERE. Use the *Payroll Deduction Form (for non-State of CT employees)*, which is available online or by calling the Program. **Do not use this form.**)
- State of Connecticut employees must use this form to contribute to any Program Account(s) for one or more Beneficiaries.
Be sure to open a Connecticut Higher Education Trust account online at www.aboutCHET.com or complete and attach a Connecticut Higher Education Trust Account Application for each Beneficiary.
- Instructions contained in this form will replace instructions previously submitted to the Program. You can obtain additional copies of this form, or of any Program form, by visiting www.aboutCHET.com (and clicking on *Account Forms*) or by calling the Program.
- Print in capital letters with blue or black ink and mail this form to the Program, along with an *Account Application*, if applicable, to the Program at the address indicated above.

1 What would you like to do? (Check all that apply and complete all applicable sections of this form.)

- Establish payroll deduction for the first time.
- Change the total amount of my contribution or add an additional beneficiary
- Change the allocation of my contribution among Options or Beneficiaries
- Cancel my payroll deduction

2 State of Connecticut Employee (Account Owner) Information

<input type="text"/> <small>CT State Employer ID Number</small>	<input type="text"/> <small>CT State Employee Record ID¹</small>	<input type="text"/> <small>CT State Employee Social Security or Taxpayer ID Number</small>
<input type="text"/> <small>CT State Employee Name (First, MI, Last, Suffix)</small>		
<input type="text"/> <small>CT State Employee Email Address</small>		

3 Contribution Instructions (For all Account Beneficiaries)

- ✓ Tell us how much you would like to contribute per pay period.
The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.
Total Contribution Amount per pay period: \$, . 0 0
- ✓ Tell us when to begin those contributions.
Unless otherwise indicated, your contributions will begin the pay period following receipt of all paperwork in good order. It may take up to 30 days to initiate this payroll deduction.
Effective Date (MM-DD-YYYY): - - 2 0
- ✓ Tell us where to deposit your contributions.
Use only one form to contribute to all Account(s) for all Beneficiaries.
Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

Beneficiary Name <small>(Provide first and last name.)</small>	Investment Options <small>(Fund codes and names appear on the next page.)</small>	Check if New Investment Option ²	Percentage of each contribution
1. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 %
2. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 %
3. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 %
4. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

¹ Employee Record ID is required to start or change payroll deduction amounts. This information may be obtained from your payroll department.

² If a new Investment Option is opened, a different option number will be assigned.

4 State of Connecticut Employee (Account Owner) Authorization and Signature

(You must sign exactly as your Account is registered.)

By signing below, I authorize the State of Connecticut, Office of the State Comptroller to deduct the amount designated in Section 3 from my wages or salary and to remit the amount deducted to the *Connecticut Higher Education Trust* for deposit into my Account(s) designated on this form. My participation in this payroll deduction is voluntary and I understand that I may end it upon written notice to the Program. I acknowledge that it may take up to 30 days to initiate, modify or cancel this payroll deduction upon receipt of paperwork in good order.

I also understand that neither State of Connecticut, Office of the State Comptroller or any employee of the State of Connecticut, Office of the State Comptroller, nor TIAA-CREF Tuition Financing, Inc. or its affiliates shall incur liability for errors or omissions made in the administration of my payroll deduction. I authorize the State of Connecticut, Office of the State Comptroller to recoup funds erroneously remitted on my behalf. TIAA-CREF Tuition Financing, Inc., and/or its agents, has the right to adjust my Account(s) for any contributions made on my behalf.

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

Date

State of Connecticut Employee Checklist

This checklist has been developed to help State of Connecticut employees establish payroll deduction for their Program Account(s). Please read it carefully **before** completing this *State of Connecticut Employee Payroll Deduction Form*.

- ✓ Be sure to include your State Employee ID, Employee Record ID, and Social Security or Taxpayer Identification Number on this form. The Employee Record ID may be obtained from your payroll department. This is how your payroll deduction is remitted to the Program for deposit into your Account(s).
- ✓ Use only whole percentages to allocate your contributions and make sure that your total allocation equals 100%.
- ✓ Be sure to verify that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary), per pay period.

For example, a \$60 payroll deduction per pay period could be allocated 25% into 4 Investment Options (4 x \$15 = \$60). There are other allocation choices, of course, but the dollar amount allocated to each Investment Option (for each Beneficiary) must be no less than \$15.

- ✓ Your form will be rejected in its entirety if your allocation for any Investment Option (for any Beneficiary) 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)	
Moderate Managed Allocation Option (Age based)	Social Choice Equity Option (2260)
Aggressive Managed Allocation Option (Age based)	Active Fixed Income Option (2253)
Conservative Managed Allocation Option (Age based)	Index Fixed Income Option (2281)
Active Global Equity Option (2282)	Principal Plus Interest Option (1956)
High Equity Balanced Option (1955)	Money Market Option (2261)
U.S. Equity Index Option (2304)	International Equity Index Option (2305)
Global Equity Index Option (2251)	Global Tactical Asset Allocation Option (2306)

- ✓ The State of Connecticut 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.
- ✓ Sign your name exactly as it appears on your existing Account or on the new *Account Application*, if applicable.
- ✓ Make a copy of this completed form for your records, and then mail the original form and your new *Account Application*, if applicable, to the Program at the address below.
- ✓ Use this *State of Connecticut Employee Payroll Deduction Form* to add, change or stop payroll deductions at any time.
- ✓ Obtain additional copies of this form, or of any Program form, by visiting www.aboutCHET.com (and clicking on *Account Forms*) or by calling the Program.
- ✓ **Questions?** Visit www.aboutCHET.com or call toll-free 1-888-799-CHET.

Mail this form to:



Overnight Mail
Connecticut Higher Education Trust
430 W 7th Street Suite 150499
Kansas City, MO 64105-1407

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