## Brighter Future Advisor Plan

## Payroll Direct Deposit Form



- Complete this form to start, change, or stop payroll direct deposit instructions on your existing Brighter Future Advisor Plan account(s). You
  may also provide your payroll direct deposit instructions when you log on to our website at www.BrighterFutureAdvisor529.com.
- After we process this form, you will receive a Payroll Direct Deposit Confirmation Form, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form – or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700 For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Number	Social Security Number or Taxpayer Identification Number
Name of Account Owner (first, middle initial, last)	
Daytime Telephone Number	Evening Telephone Number
Employer Information	
Employer Information	
Name of Employer	
Name of Employer  Address  City	State Zip Code



Payroll Direct Deposit Instructions	
Check One. Start Payroll Direct Deposit Change Amount	Stop Payroll Direct Deposit (Skip to <b>Section 4</b> )
Deduct \$,	cate the amount among my Brighter Future Advisor
<b>Important:</b> You must allocate a minimum of \$25 to each account per pay period. Four accounts.	Please use an additional sheet if you have more than
Account Number	\$,
Name of Designated Beneficiary (first, middle initial, last)	
Account Number	\$,, 0 0
Name of Designated Beneficiary (first, middle initial, last)	
Account Number	\$, 0 0
Name of Designated Beneficiary (first, middle initial, last)	
Account Number	\$,, O O
Name of Designated Beneficiary (first, middle initial, last)	
. Signature — YOU MUST SIGN BELOW	
I certify that I have read and understand, consent and agree to all the terms and c Description and Participation Agreement and understand the rules and regulations	
➤ SIGNATURE Signature of Account Owner	Date (mm/dd/yyyy)

A plan of regular investments cannot assure a profit or protect against a loss in a declining market.

Not FDIC Insured (except for the Savings Portfolio). No Bank, State or Federal Guarantee. May Lose Value.