Employee Payroll Deduction Form



INSTRUCTIONS

Please complete this form to establish, change or delete payroll deduction instructions for your existing LoneStar 529 Plan® account(s). If you do not have an account, please attach a completed Enrollment Application (one per beneficiary). You can obtain a copy at www.lonestar529.com. Before completing this form, check with your payroll department regarding the availability of this service. Your payroll department must complete and submit an Employer Authorization Payroll Deduction Form before you can begin payroll deduction.

Account number

Total

If you have any questions about this form, please call **800-445-GRAD (4723), option #4,** Monday through Friday from 8am to 6pm Central Time.

(full % only)

.00% .00% .00%

100.00%

Please print clearly in all CAPITAL LETTERS using black ink. Color in circles completely. For example: ● not ⊗ not ⊙

| 1 | EMPLOYEE/COMPANY | INFORMATION | | |
|---|---------------------------|--|-----------------------------|---|
| | | | | |
| | | Employee's first name | Last name | Social Security number |
| | | Company name | | () Company phone number |
| | | Company contact | | |
| | | | | |
| 2 | PAYROLL DEDUCTION | INFORMATION | | |
| | | A. C Establish a new payroll deduction | ○ Cancel existing deduction | 1 |
| | | Change allocation percentage | ○ Change deduction amour | nt |
| | | B. Payroll Deduction Amount | | |
| | | Indicate the amount to be deducted from your paycheck each pay period. The minimum investment is \$15 per month per portfolio. | | |
| | Total Deduction Amount \$ | | | |
| | | This dollar amount will be invested according to the Elected Investment Allocation on file at the time the assets are received. If you are establishing a new account, the assets will be invested according to your instructions on the Enrollment Application. | | |
| | | | | |
| | | | | Percentage of deduction to be allocated to each account |

Beneficiary's name

3 | AUTHORIZED SIGNATURE

| х | |
|----------------------|------|
| Employee's Signature | Date |

All Employees

Make two copies of this Employee Payroll Deduction Form and:

- 1. Retain a copy for your records.
- 2. Provide a copy of this form to your Human Resources Department once you obtain your LoneStar 529 Plan account number so they can initiate the payroll deduction.

Your Human Resources Department will send a copy of the form to the LoneStar 529 Plan at:

LoneStar 529 Plan P.O. Box 540010 Omaha, NE 68154

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Non-residents of Texas should consider whether their home state, or the beneficiary's home state, offers its residents any tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for participants in that state's plan.

Estimated total asset-based fees are available on the <u>Allocation Worksheet</u> and are published in the Plan Description and Savings Trust Agreement, which is reviewed annually. Fees are subject to change.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting www.LoneStar529.com or calling 800-445-GRAD (4723), option #4. Investors should read the Plan Description and Savings Trust Agreement, and all other Plan documents carefully before investing.

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