UNIQUE College Investing Plan Payroll Direct Deposit Form for State of New Hampshire Employees

Use this form to start, stop, or modify a payroll deduction and direct deposit for your UNIQUE College Investing Plan account(s). If you are establishing payroll deductions for more than three UNIQUE College Investing Plan accounts, please add a second form with additional entries and totals for all relevant categories.

When you have completed this form, please sign and return it to your agency's payroll department for processing. If you have any questions, please contact your Agency's payroll department representative directly.

1 Employee Information

Name (first, middle initial, last) _____ Social Security Number ___ – ___ – ____ Agency _____

2 Payroll Information (select one)

Please establish a total payroll deduction of $ ☐☐☐☐☐.☐☐ **per biweekly payroll period,** for the UNIQUE College Investing Plan account(s) indicated below. Minimum is $7 per pay period per account. Your payroll direct deposit will be invested according to the most recent investment allocation information on file with Fidelity Investments for your account(s). If you would like to make any changes to investment allocations, contact Fidelity directly at 1-800-544-1914.

Account/Beneficiary 1. _____ $_____
Beneficiary Name Amount

101205681 ABA Routing Number | 39900001- 6 Account Number | UNQnn Type | NH529 Plan

☐ Start ☐ Modify ☐ Stop

Account/Beneficiary 2. _____ $_____
Beneficiary Name Amount

101205681 ABA Routing Number | 39900001- 6 Account Number | UNQnn Type | NH529 Plan

☐ Start ☐ Modify ☐ Stop

Account/Beneficiary 3. _____ $_____
Beneficiary Name Amount

101205681 ABA Routing Number | 39900001- 6 Account Number | UNQnn Type | NH529 Plan

☐ Start ☐ Modify ☐ Stop

$_____
Total

3 Signature

By signing below, I authorize the State of New Hampshire to deduct from my salary and wages the amount specified now or in the future for my contributions to my UNIQUE College Investing Plan 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 the State of New Hampshire and its agents to make adjustments to my account(s) to correct such error.

Signature _____ Date (mm/dd/yy) _____