



# Next Gen Payroll Deduction Allocation Form

- Initiate new payroll deduction instructions
- Change existing payroll allocation percentages between NextGen 529 accounts

Last Name	First Name		M.I.	Last four digits of your Social Security Number	
0				()	( )
Street Address (No P.O.	Boxes)			Home Phone	Business Phone
City	State	ZIP Code	Country	Name of Employer	
Mailing Address (if diffe	rent from perman	ent address)		_	
City	State	ZIP Code	Country	_	
2. Payroll De	duction In	structior	ns		
ype of Instructions:	☐ New Payroll	Deduction Elec	tion 🖵 Char	nge Existing Allocation Percentage	
Please note that the min	imum deduction	per month is \$	25 per NextGen 9	529 Account.	
NextGen 529 Account Number (not required if you are establishing a new account)			Beneficiary's Name		Percentage of deduction to be allocated to each NextGen 529 account (full % only)
	·				%
					%
					9/
					9/
					%
				Total Allocation	100 %
that the amounts control understand these instructions.  If I am an individual or	ave payroll deductibuted will be invuctions will continuentity, other than hat only the Parti	rested in the N nue until I noti n the Participan	extGen 529 portfo fy Merrill to chang nt, authorizing pa	olios based on the investment alloca ge these allocations or until the emp yroll deductions, I acknowledge that	eneficiaries indicated above. I understand ations for each respective account. I furthe aloyer is notified to discontinue such payro I will have no subsequent control over a under federal law), withdrawals and
Signed					
31u11eu					Date
Participant					

### PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

- 1. Mail all pages of the completed form to Merrill at the address noted below.
- 2. Merrill will then mail you the Authorization for Payroll Deduction Form for you to complete and provide to your employer.
- 3. Provide the completed Authorization for Payroll Deduction Form to your employer to establish payroll deduction contributions to your account.

Note: To change the dollar amount of an existing payroll deduction instruction or to cancel an existing payroll deduction instruction, contact your employer directly.

Regular mail:

Merrill Document Processing PO Box 31024 Tampa, FL 33631-3024 Overnight mail:

Merrill Document Processing FL1-908-01-36 4909 Savarese Cir Tampa, FL 33634

# **Merrill Use Only**

Important: Use the IKS functionality to adjust the contribution percentages when NextGen 529 Accounts are enrolled in the service.

Step	Action
1	To Access Allocation Screens
	• From within ML Access, type IKS and press <b>Enter.</b>
2	• Type the client's Social Security number in the PART SSN field and press <b>Enter.</b> Important: Accounts that were not set up for payroll deduct on IKS will be listed; however, allocation percentages pertain only to those accounts that have been established through IKS. The allocation percentage for an account not established on IKS will be grayed out and its allocation percentage will display as 0%.
3	To Create or Update a Contribution Percentage
	Click in the Contribution % field and type new percentage.
	Repeat the process on additional accounts listed.
	Type U in the Action field and press Enter.
	Important: Contribution percentages must equal 100% and must be in whole percentages.
	<b>Result:</b> A message will indicate that the update was successful, or that the total contribution percentage does not equal 100% and must be adjusted.

### Clients Enrolled in Payroll Deduction prior to August 1, 2003

- Previous payroll deduction arrangements will remain in effect until the client directs their payroll provider to terminate that arrangement.
- If a client decides to enroll in payroll deduct, and also has an existing NextGen 529 payroll deduction arrangement, the client should be made aware that unless they terminate the existing arrangement, there will be two payroll deductions in effect.

### **Employer Processing Instructions**

Please establish Automatic Clearinghouse (ACH) instructions for the dollar amount indicated above using the following information:

Transmittal must be coded for: Checking Bank Name: Bank of America, N.A.

Transit Routing Number (ABA): 084301767

ACH Account Number: 333+ Account Owner's SSN + 22999

Example: If the Account Owner's SSN is 123456789, the ACH number should be entered as 333 123456789 22999. You do not need to include spaces when actually entering this information.

Code 6126-DIR-0524







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