



For UESP Use Only	○
UESP Account _____	
Date Received/Initials _____	
Date Processed/Initials _____	

# Form 205 Payroll Deduction

- If your employer permits direct payroll deposits, you may use this form to (1) sign up for **after-tax** payroll deductions from your paycheck and contribute them automatically to one or more UESP account(s) or (2) authorize your employer to make changes to or cancel an existing UESP payroll deduction. You can also sign up and manage your payroll deductions online by logging into your UESP account at [uesp.org](http://uesp.org).
- If your employer does not allow or limits direct payroll deposits, you may not be eligible to contribute to UESP through payroll deduction. Please consult your employer's Human Resources department for this information.
- **If you have not yet opened a UESP account**, you must first open either an individual or institutional account to set up your payroll deduction.
  - Individual 529 Account*—An account opened by an adult (i.e., a person at least age 18) to save for the future qualified higher education expenses of a beneficiary. This is the most common UESP account type and can be opened online or by submitting the Individual Account Agreement (form 100).
  - Institutional 529 Account*—An account opened by an institution such as a trust, corporation, or other organization to save for the future qualified higher education expenses of a beneficiary. It can only be opened by submitting the Institutional Account Agreement (form 102).
- A custodial account may **not** be funded with direct payroll deposits. Please open a separate, individual or institutional UESP account to receive direct payroll deposits.
- *Once UESP receives and processes this form, you will be sent a routing number, bank account number, and confirmation page. **You must provide this information to your employer for payroll deduction to begin. You or your employer will need to add this as a direct deposit.***
- The total contribution amount you provide in section 3 is the amount that will be contributed **each** pay period.
- If you no longer wish to participate in payroll deduction or you close your UESP account(s), you must stop payroll deduction with your employer.
- Do not use this form to set up or change automated contributions from a checking or savings account. The Automated Contributions Authorization/Change form (form 200) should be used for that purpose.

### About This Form

- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact us toll free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.
- Return this form to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.

## 1 UESP Account Information

Account Owner's Last Name	First Name	Daytime Phone
Agent's Name (if different)		

## 2 Employer Information

Check the appropriate box and fill in the information below.

- I do not currently contribute to a UESP account through payroll deduction with my employer. **I would like to start making contributions to specified beneficiaries' accounts.**
- I would like to change the amount(s)** that I currently contribute to one or more UESP accounts through payroll deduction.

Employer Name		
Employer Street Address		
City	State	Zip Code
Employee Number (optional)	Payroll Department Contact Name	Contact's Phone Number


**Continued on Next Page** ➡

### 3 Payroll Deduction Information

I would like to deduct this total dollar amount from **each** paycheck:


<b>\$</b> _____ <b>Total Contribution Amount</b>
--

On the lines below, specify the UESP accounts to receive your contribution. (Add additional sheets if necessary.) In either dollars or percentages, indicate how you would like your contribution allocated among the accounts listed.

UESP Account Number*	Beneficiary's Last Name	Beneficiary's First Name	\$ _____ OR _____ % Dollar Amount                      Percent of Total
UESP Account Number*	Beneficiary's Last Name	Beneficiary's First Name	\$ _____ OR _____ % Dollar Amount                      Percent of Total
UESP Account Number*	Beneficiary's Last Name	Beneficiary's First Name	\$ _____ OR _____ % Dollar Amount                      Percent of Total
UESP Account Number*	Beneficiary's Last Name	Beneficiary's First Name	\$ _____ OR _____ % Dollar Amount                      Percent of Total
* If you do not know the UESP account number, please provide the last four digits of the beneficiary's U.S. Social Security or Taxpayer Identification number.			
			<b>\$ _____ OR _____ %</b> <b>Total Dollar Amount                      Total Percentage</b> <i>must equal the Total Contribution Amount                      must equal 100%</i> <i>above</i>

### 4 Signature Authorization

- I agree that UESP will apply the funds received from my employer according to the dollar amounts or percentages specified in section 3.
- I acknowledge that any changes I make that affect the status of my UESP account(s) or that alter the total amount of my payroll deduction will change the deduction percentages or amounts to the individual accounts.
- I understand that only certain UESP account owners will receive Utah state income tax benefits for contributions to a UESP account. If I do not own the UESP account to which I'm contributing, I will not receive the Utah state income tax benefit and will not have any control over the money contributed to the UESP account.
- I understand that the total contribution amount will be deducted from my paycheck **each** pay period.
- I understand that this payroll deduction form revokes and replaces any previous UESP payroll deduction request I have submitted. It will remain in effect until cancelled or replaced.
- I understand that the payroll deduction amount will not be invested with UESP until UESP receives the funds from my employer and the transfer is in good order.
- I have read the UESP Program Description and understand that it applies to this request.

 <b>Required</b>	_____ Signature of Account Owner/Agent	_____ Date (mm/dd/yyyy)
	_____ Name of Account Owner/Agent (please print)	_____ Title (if signed on behalf of a trust, corporation, or other institution)

### 5 Confirmation

- Once UESP receives and processes this form, **you will be sent a confirmation letter with a routing number and bank account number that you must provide to your employer for payroll deduction to begin or for changes to take effect.**
- Please allow UESP two weeks to process this request.
- If you have questions about UESP payroll deduction, call us toll-free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.