



# Payroll Deduction Form for Washington State Employees

## Important information about this form:

- This form is for Washington State employees (not including higher education employees).
- Fill out this form to set up payroll deduction contributions to your DreamAhead account, or to change existing payroll deduction contributions. To stop payroll deduction contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **Program Details Booklet**.
- Please submit a different form for each DreamAhead account you want to make payroll deductions contributions to.
- Your DreamAhead account must be open before you submit this form to your Employer and the Plan to start payroll deductions.
- Once completed you'll need to give a copy of this form to your Employer and mail the original to the Plan at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll deduction can be accepted. Please keep an additional copy of this form for your

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at  
**1-844-529-5845** or  
**1-844-888-2253 (TTY)**

## Mail the form to:

DreamAhead College  
Investment Plan  
P.O. Box 9661  
Providence, RI 02940-9661

## Overnight Mail:

DreamAhead College  
Investment Plan  
4400 Computer Drive  
Westborough, MA 01581

## 1 DreamAhead account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
DreamAhead account number

## 2 Payroll deduction instructions

(Select one)

- Set up payroll deduction
- Changing existing payroll deduction instructions  
(This will replace any previous payroll deduction instructions for this account)

## 3 Employee information

The employee must be the DreamAhead Account Owner or if the account is an UGMA/UTMA, the Custodian for the minor. You cannot contribute payroll deductions into an account owned by your spouse, or by anyone else.

\_\_\_\_\_  
Employee ID Number (For Employer use only)

\_\_\_\_\_  
Name of Employee (First and last)

\_\_\_\_\_  
Name of Employer

Employer address

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Employer contact name

\_\_\_\_\_  
Employer telephone number

\_\_\_\_\_  
Ext.

## 4 Contribution information

Your employer will deduct the amount indicated below and send to the Plan on your behalf. The contribution instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan or any method except payroll deduction.

For a full list of all the portfolio options, please go online to [www.DreamAhead.wa.gov](http://www.DreamAhead.wa.gov) or see the **Program Details Booklet** for important information about the investment options before making a decision.

There's a \$5 contribution minimum to each portfolio you select.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)

_ _ / _ _ / _ _ _ _	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Effective date</b> (This is the date the employee wants the employer to begin his/her payroll deductions)	<b>Total contribution amount</b> (per pay period)

## 5 Sign the form

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my DreamAhead College Investment 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 Plan and its agents to make adjustments to my account to correct such error.
- I understand that my DreamAhead account may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my account.
- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

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Signature of Account Owner/Custodian

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Date (mm/dd/yyyy)

## Employee Checklist

Please read this checklist carefully before completing this form.

- ✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.
- ✓ Your payroll deduction form will be rejected in its entirety if:
  1. you do not provide an account number,
  2. your contribution total is not added correctly, or
  3. the contribution amount for any portfolio is less than \$5.
- ✓ Give a copy of this form to your Employer.
- ✓ **Mail this original form to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll deduction contribution can be accepted.
- ✓ You must contact your employer to stop payroll deductions.
- ✓ If you have questions, please contact DreamAhead customer service.

## Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ The employee must provide his/her DreamAhead account number on this form in order to set up payroll deduction.
- ✓ Code the account type (i.e., deposit) as “Checking” and transmit the funds to Bank of New York Mellon (ABA Number 011001234).
- ✓ Enter the account number as 740705.
- ✓ If your Payroll System allows, please enter the Individual Name Field with the employee’s DreamAhead account number + Last Name.
  - Example: employee DreamAhead account number 1234567890, Last name Jones = 1234567890 Jones.
- ✓ If your payroll system generates the Account Name field automatically and does not allow for manual update then we will accept the system generated full name.
- ✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll deduction can be accepted.
- ✓ If you have questions, please contact DreamAhead customer service.

## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [www.DreamAhead.wa.gov](http://www.DreamAhead.wa.gov) or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio

### Year of Enrollment

#### Conservative

Code	Portfolio Name
WAC38	Year of Enrollment 2038 - Conservative
WAC36	Year of Enrollment 2036 - Conservative
WAC34	Year of Enrollment 2034 - Conservative
WAC32	Year of Enrollment 2032 - Conservative
WAC30	Year of Enrollment 2030 - Conservative
WAC28	Year of Enrollment 2028 - Conservative
WAC26	Year of Enrollment 2026 - Conservative
WAC24	Year of Enrollment 2024 - Conservative
WAC22	Year of Enrollment 2022 - Conservative
WACEC	College Enrolled Conservative

## Moderate

<b>Code</b>	<b>Portfolio Name</b>
WAM38	Year of Enrollment 2038 - Moderate
WAM36	Year of Enrollment 2036 - Moderate
WAM34	Year of Enrollment 2034 - Moderate
WAM32	Year of Enrollment 2032 - Moderate
WAM30	Year of Enrollment 2030 - Moderate
WAM28	Year of Enrollment 2028 - Moderate
WAM26	Year of Enrollment 2026 - Moderate
WAM24	Year of Enrollment 2024 - Moderate
WAM22	Year of Enrollment 2022 - Moderate
WACEM	College Enrolled Moderate

## Growth

<b>Code</b>	<b>Portfolio Name</b>
WAA38	Year of Enrollment 2038 - Growth
WAA36	Year of Enrollment 2036 - Growth
WAA34	Year of Enrollment 2034 - Growth
WAA32	Year of Enrollment 2032 - Growth
WAA30	Year of Enrollment 2030 - Growth
WAA28	Year of Enrollment 2028 - Growth
WAA26	Year of Enrollment 2026 - Growth
WAA24	Year of Enrollment 2024 - Growth
WAA22	Year of Enrollment 2022 - Growth
WACEA	College Enrolled Growth