



# Vermont Higher Education Investment Plan (VHEIP) Payroll Deduction Form

Return to: PO BOX 44002, Jacksonville, FL 32231  
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256

- ▶ Read the **Disclosure Booklet and Participation Agreement** carefully before completing this form.
- ▶ Complete this form to start or update payroll deduction instructions for any one or all of your beneficiaries.
- ▶ If you are establishing payroll deduction for the first time, **your employer must be able to direct your payroll deductions to the Plan via Automated Clearing House (ACH)**. Attach an Account Enrollment Form if you are opening a new account.
- ▶ **Give a copy of this form to your employer and return the original to VHEIP.**
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ **Questions? Visit [www.vheip.org](http://www.vheip.org) or call us at 1-800-637-5860.**

## 1. WHAT WOULD YOU LIKE TO DO?

Please select one of the following:

- Start Payroll Deductions**  
Establish payroll deduction for the first time.
- Change Allocations**  
Change the allocations of your payroll deduction contributions among your beneficiaries.

**Note: To Update or Stop Deductions**  
Contact your employer to change the amount or to stop payroll deductions contributions. Do not submit this form to the Plan.

## 2. ACCOUNT OWNER (EMPLOYEE) INFORMATION

Account Owner, Custodian, or Entity Name *(First, MI, Last, Suffix)*

Account Owner Social Security Number or Taxpayer Identification Number

Primary Phone Number

Alternate Phone Number

## 3. EMPLOYER INFORMATION

Employer Name

Employer Address

City

State

Zip Code

Employer Contact Name

Employer Contact Phone Number

## 4. PAYROLL CONTRIBUTION INSTRUCTIONS

- ▶ The minimum contribution amount is \$15 per pay period per account for payroll deduction.
- ▶ Your total allocations among the beneficiaries specified below must equal 100%.
- ▶ Use whole numbers; no fractions.
- ▶ Attach an additional sheet for additional beneficiaries; allocation total must still equal 100%.

How much would you like deducted per pay period?

\$

Amount

How do you want to allocate this amount among your beneficiaries?

Beneficiary Name (First, MI, Last, Suffix)	Account Number (required)	Allocation Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<b>Total Allocation Per Pay Period:</b>		<b>100</b> %

## 5. SIGNATURE & AUTHORIZATION (This section must be signed)

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account(s) and are incorporated herein by reference.

### I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to authorize payroll deduction contributions to be invested in my Vermont Higher Education Investment Plan (VHEIP) accounts. I authorize my employer to process periodic deductions from my paycheck for contribution into my 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 VHEIP and its agents to make adjustments to my account(s) to correct such error. I understand that my account(s) 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 deduction is credited to my account(s). This authorization will remain in effect until cancelled by me or by VHEIP, or upon termination of my employment with my employer. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for account(s) in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.



