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You can make contributions to a CollegeAdvantage Account through payroll deduction from your employer (you must first confirm that your employer will allow this option). Anyone may contribute to an Account using payroll deduction. You may use this form to add, change or stop payroll deduction for up to three Beneficiaries.

If you are establishing a new Account, please complete and attach a BlackRock CollegeAdvantage New Account Application. Please note, if you will be contributing using our automatic investment plan, you do not need to submit this form. Please complete the "AIP" section of the new account application.

How to Enroll in the BlackRock CollegeAdvantage 529 Savings Plan

1. If you are establishing a new BlackRock CollegeAdvantage Account, please complete and attach the BlackRock CollegeAdvantage New Account Application.

2. For new and existing Accounts, complete this form for each Beneficiary you wish to contribute to.

3. Provide a COPY of this completed form to your employer.

4. For new and existing Accounts, complete this form for each Beneficiary you wish to contribute to.

Payroll Deduction may take up to two weeks to begin (especially if your employer is not already set up for the payroll deduction program with BlackRock). Please allow ample time when selecting your investment date.

Send this application, along with any other required documents, to:

Regular mail
BlackRock CollegeAdvantage 529
P.O. Box 9783
Providence, RI 02940

Overnight mail
BlackRock CollegeAdvantage 529
4400 Computer Dr.
Westborough, MA 01581

Section 1: Contributor Information (Required)

First Name of the Contributor _____ M.I. _____ Last Name _____

Contributor's Mailing Address _____

City _____ State _____ ZIP Code _____

Home Telephone Number _____ Work Telephone Number _____

Federal Tax Identification or Social Security Number _____ _____ / _____ / _____ Date of Birth (month/day/year)

Questions?
Call **866-529-8582** | Visit **www.blackrock.com/collegeadvantage**

Section 2: Employer Information (Required)

_____
Company Name

Payroll Contact Information:

_____
First Name of Payroll Contact

_____
M.I.

_____
Group Plan ID (**Required:** Deductions cannot be processed without this)

_____
Last Name

_____
Payroll Contact's Telephone Number

_____
E-mail Address

Section 3: Payroll Deduction Instructions (Required)

You must have an existing CollegeAdvantage Account to establish payroll deduction using this form. If you wish to change your payroll deduction amount or add payroll deduction, please complete the Investment Option boxes below. If you wish to stop an existing payroll deduction, enter the Investment Option codes, enter "0" in the contribution boxes, and check the "Stop" box.

Payroll Deduction can be directed to new Investment Options, however each Account is limited to 5 Investment Options; therefore we recommend you review your allocation with your financial professional prior to making investment changes.

Any current payroll deductions on file for an existing Investment Option will not be updated if the option is not listed below.

Instructions on Completing This Form

*First, tell us the total amount you will have deducted per paycheck, and how you would like that amount allocated amongst your beneficiaries. For example, to allocate $100 each to three beneficiaries per pay check, indicate "$100" in the total field next to each named beneficiary and "$300" in the "total" line at the bottom.

Beneficiary #1 _____   TOTAL: $ _____
    Full Name

Beneficiary #2 _____   TOTAL: $ _____
    Full Name

Beneficiary #3 _____   TOTAL: $ _____
    Full Name

TOTAL payroll deduction per paycheck (This total must equal the total of all contributions) $ _____

Once this section is completed, move on to the next section to indicate your investments selections for each beneficiary.

Now tell us how you want each 529 Plan beneficiary's payroll deduction allocated among their Investment Options. Please keep in mind, the minimum payroll deduction amount per pay period per Option is $25.00.

Beneficiary # 1

_____
First Name of the Beneficiary

_____
M.I.

_____
Last Name

_____
BlackRock CollegeAdvantage Account Number

_____
Social Security Number on Account

Investment Option	Amount to Invest	Add	Change	Stop
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐

Beneficiary #1 Total $ _____   =100%

Beneficiary # 2

First Name of the Beneficiary _____ M.I. _____ Last Name _____

BlackRock CollegeAdvantage Account Number _____ Social Security Number on Account _____

Investment Option	Amount to Invest	Add	Change	Stop
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐

Beneficiary #2 Total $ _____ =100%

Beneficiary # 3

First Name of the Beneficiary _____ M.I. _____ Last Name _____

BlackRock CollegeAdvantage Account Number _____ Social Security Number on Account _____

Investment Option	Amount to Invest	Add	Change	Stop
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐
_____	☐☐☐ %	☐	☐	☐

Beneficiary #3 Total $ _____ =100%

Section 4: Signatures (Required)

I hereby authorize payroll deduction. I also reserve the right to revoke this authorization by written notice to the Ohio Tuition Trust Authority. I acknowledge that these instructions replace all previous payroll deduction instructions on file for the Investment Options listed on this form for my BlackRock CollegeAdvantage account(s).

_____

_____ / _____ / _____
Date (month/day/year)

Signature of Contributor / Employee

_____

_____ / _____ / _____
Date (month/day/year)

Signature of Account Owner (if different than Contributor)

FOR MORE INFORMATION: Call 866-529-8582 or visit www.blackrock.com/collegeadvantage

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