

# Payroll Deduction Form

Authorization for payroll direct deposit to a fund account

Please complete this form and give it to your payroll department to establish your Payroll Deduction Deposit Plan ("the Plan") with the fund. Before completing this form, check with your payroll department regarding the availability of this service through the Automated Clearing House.

**Note:** You must have an existing account before establishing payroll deductions.

## 1. Employee/Employer Information

EMPLOYEE'S NAME

EMPLOYEE'S PAYROLL NUMBER IF DIFFERENT FROM SOCIAL SECURITY NUMBER

EMPLOYER'S NAME

EMPLOYER'S TELEPHONE NUMBER

EMPLOYER'S ADDRESS

CITY / STATE / ZIP CODE

## 2. Amount of Investment

I understand that \$\_\_\_\_\_ will be deducted from my pay each pay period.

If you would like to have additional payroll direct deposits into other fund accounts, please fill out a separate form for each fund/account.

**You may change this amount at any time by notifying your payroll department.**

## 3. Account Information

All Payroll Deduction Plan Deposits to retirement accounts will be reported as current year contributions.

REGISTERED OWNER(S) ON ACCOUNT

NAME OF FUND TO RECEIVE INVESTMENTS

SOCIAL SECURITY NUMBER

**88**-\_\_\_\_\_-**0**-\_\_\_\_\_

Please fill the above spaces with your fund and account number from your statement.

**Note:** The first four dashes are for your fund number (2762, 2775, etc.) and the last ten dashes are for your account number.

ADDRESS

CITY / STATE / ZIP

**07500022** Routing number for employer reference only.

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

## 4. Signature

I hereby authorize my employer to automatically deduct from my paycheck the total amount specified in Section 2 and transmit that amount to the fund investment account (hereinafter referred to as "Account") number indicated in Section 3. Investments will be made at the then current net asset value of each fund selected including any applicable sales charge. All instruction under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the Fund and its transfer agent to follow all instruction by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against the Fund or its transfer agent for following the instructions of my employer. The availability of funds in my Account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

SIGNATURE OF EMPLOYEE

DATE (MM/DD/YYYY)

Submit this completed form to your payroll department.