

# District of Columbia Water and Sewer Authority

5000 Overlook Avenue SW, Washington, DC 20032 (ID: 52-220-1147)



## DC College Savings Program Authorization for Automatic Payroll Deduction

### WELCOME TO THE DC COLLEGE SAVINGS PLAN.

In order to sign up for payroll deduction for the DC College Savings Plan, **you must first open a DC College Savings Plan account.** If you have already opened an account, you are ready to fill out this form. If you have not already opened an account, you can download a College Savings Plan Participation Agreement at [www.DCCollegeSavings.com](http://www.DCCollegeSavings.com). Or, talk to your Human Resources Specialist to get a Participation Agreement. If you have any questions, please call **800.987.4859 (800.368.2745 for non-D.C. residents)** Monday-Friday, from 9 A.M. to 5:30 P.M. ET.

After completing all sections, send the original of this form to: DC College Savings Plan, PO Box 11466, Washington, DC 20008

### 1 Select one of these options:

- I want to start payroll deduction
- I want to change the dollar amount of my payroll deduction
- I want to change how I allocate my payroll deduction
- I want to stop payroll deduction

FIRST NAME _____	MIDDLE INITIAL _____	LAST NAME _____	
SOCIAL SECURITY NUMBER		DAYTIME PHONE	
<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"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____

### 2 Authorization

I authorize \$ \_\_\_\_\_ to be deducted from my pay each pay period. The minimum amount that may be deducted is \$15 per pay period for each investment option. Here is how I want you to allocate my payroll deduction:

BENEFICIARY NAME(S)	FUND NAME OR NUMBER (see back for Funds)	PERCENT (round to whole numbers)
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Total Allocation = 100%*

### 3 Signature

By signing this form, I authorize DCWASA to deduct the amount I have indicated above from my paycheck each pay period. **I have read the important information about payroll deduction on the reverse side of this form.**

SIGNATURE _____	DATE _____
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**For Employer Use Only** — When completing the ACH (Automated Clearing House) electronic transfer, **code the transmittal for checking.** Please transmit funds to State Street Bank & Trust:

Routing Number	<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"/>	Employee SSN	<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"/>
Account Number	<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"/>	Calvert Authorization _____	

## Checklist for Payroll Deduction

- Have you previously established a DC College Savings Account? If you do not have an account, did you obtain a Participation Agreement (which you can download from [www.DCCollegeSavings.com](http://www.DCCollegeSavings.com), or obtain from your Human Resources department)?
- Do your percentage allocations add up to 100%? Did you use whole numbers?
- Is your contribution at least \$15 per Investment Option per pay period?
- Did you sign this form?
- Once completed, please mail your form to the address listed below. An Authorized Calvert Representative will sign your form and return it to the District of Columbia WASA Payroll Office for processing.

## DC College Savings Plan Investment Options

### Age-Based Portfolio Strategy (Beneficiary's Age)

**FUND 59:** DC College Savings Age Band 0 – 5

**FUND 62:** DC College Savings Age Band 6 – 10

**FUND 63:** DC College Savings Age Band 11 – 13

**FUND 65:** DC College Savings Age Band 14 – 16

**FUND 67:** DC College Savings Age Band 17 and up

### Single Fund Investment Strategy

**FUND 40:** Calvert Income Fund — DC 529

**FUND 123:** Calvert Balanced  
Portfolio — DC 529

**FUND 82:** State Street Equity 500  
Index Fund — DC 529

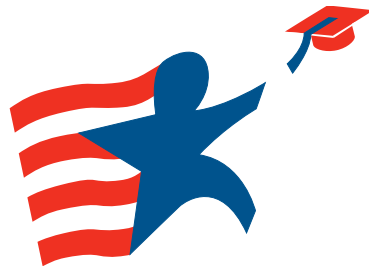
**FUND 47:** Calvert Equity Fund — DC 529

**FUND 89:** Calvert Small Cap Value  
Fund — DC 529

**FUND 136:** Calvert World Values  
International Equity Fund — DC 529

### Stability of Principal Investment Strategy

**FUND 56:** Acacia Principal Plus — DC 529



## DC College Savings Plan

DC College Savings Program Trust  
Calvert Distributors, Inc.  
PO Box 11466  
Washington, DC 20008

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