BLACKROCK®

Payroll Deduction Authorization Form BlackRock CollegeAdvantage 529 Plan

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 w	rith any other rec	quired de	ocuments, to:	
 Regular mail BlackRock CollegeAdvantage 529 P.O. Box 9783 Providence, RI 02940 	Overnight mail BlackRock Colleg 4400 Computer I Westborough, MA	Dr.	e 529	
Section 1: Contributor Informa	ation (Required)			
First Name of the Contributor		M.I.	Last Name	
Contributor's Mailing Address				
City	- WILLIAM		State	ZIP Code
Home Telephone Number		Work Tele	ephone Number	
Federal Tax Identification or Social Security I	Number	Date of B	sirth (month/day/year)	

Questions?

Company Name	
Payroll Contact Information:	
First Name of Payroll Contact	M.I. Last Name
Payroll Contact's Telephone Number	Company Code (Required: Deductions cannot be processed without this)
E-mail Address	
Section 3: Payroll Deduction In:	structions (Required)
	ecount to establish payroll deduction using this form. If you wish to change your payroll deduction amount e Investment Option boxes below. If you wish to stop an existing payroll deduction, enter the Investment Option check the "Stop" box.
Payroll Deduction can be directed to new Inves your allocation with your financial advisor prior	tment Options, however each Account is limited to 5 Investment Options; therefore we recommend you review 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 For	m
	CollegeAdvantage Program account, to a Plan Account with the same Beneficiary. Please be aware: a transfer me tax purposes) investment reallocation of Account assets, which is allowable only once per calendar year.
Beneficiary #1	TOTAL: \$
Full Name	
Full Name Beneficiary #2	
Full Name	

TOTAL payroll deduction Per paycheck (This total must equal the total of all contributions)

Beneficiary # 1

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.

First Name of the Contributor	M.I.	Last Name			
BlackRock CollegeAdvantage Account Number	Social	Security Number on Account			
Investment Option		Amount to Invest	Add	Change	Stop
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		<u> </u>		O	133
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		%	£3	£3	
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	Beneficlary #1 To	otal \$			=100%
First Name of the Contributor	M.I.	Last Name			_
BlackRock CollegeAdvantage Account Number	Social S	Security Number on Account			
Investment Option		Amount to Invest	Add	Change	Stop
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		%		D	£3
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	Beneficiary #2 To	tal \$			_=100%

First Name of the Contributor	M.I.	Last Name					
BlackRock CollegeAdvantage Account Number	Social Sec	Social Security Number on Account					
Investment Option		Amount to Invest	Add	Change	Stop		
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		%	0	O			
		%	E3	\$2.04 \$2.00	1.3		
		%	Ω	(C)	O		
				O	(")		
	Beneficiary #3 Tota	\$			=100%		
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I hereby authorize payroll deduction. I also reserve the right to that these instructions replace all previous payroll deduction i CollegeAdvantage account(s). Signature of Contributor / Employee Signature of Account Owner (if different than Contributor)	revoke this authorizationstructions on file for t	he Investment Options liste Date (month/day/year	d on this form fo	t Authority. I ackr	nowledg		

FOR MORE INFORMATION: Call 866-529-6582 or visit www.blackrock.com/collegeadvantage

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