



Payroll Deduction Form

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035

Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021

Phone: 1-800-958-6457

Use this form to establish a payroll deduction plan and invest after-tax dollars directly from your paycheck into your AARP account(s).

Please submit this form to AARP and a copy to your employer.

1. Account Information

(Please print preferably in capital letters and black ink.)

Account Owner's name (first, middle, last)

Daytime telephone number

Alternate telephone number

Email address

Social Security number or Tax Identification number

2. Payroll Deduction Instructions

- Add payroll deduction. Deduct the amount requested in **section 3** and invest according to the percentage(s) and AARP Fund account(s) listed in **section 4**.
- Change investment allocation only. Replace my existing allocation percentage(s) with the new allocation percentage(s). The amount deducted from my paycheck will not change. Go to **section 4**.
- Change investment amount only. I have changed the total amount deducted from my paycheck with my employer. Replace my existing investment amount with the new amount in **section 3**. Allocation percentages will remain the same.
- Change investment amount and allocation. I have changed the total amount deducted from my paycheck with my employer. Replace my existing investment amount with the new amount in **section 3** and replace my existing investment allocation percentage(s) with the new percentage(s) in **section 4**.
- Stop payroll deduction. I have contacted my employer to stop deductions from my paycheck. Go to **section 7**.

6. Instructions for Employer

Payroll department, please transfer funds using the following information. Please defer your initial payroll deduction submission until you, the employer, have received confirmation from AARP Funds.

State Street Bank & Trust Co.

2 Avenue de Lafayette
Boston, MA 02111

ABA Routing Number 011000028

17 Digit Account Number - -

Must be coded checking account.

The last nine digits should be the Account Owner's social security number.

7. Account Owner's Signature (Required)

I understand that my employer must initiate payroll deduction. I realize I can change the amount deducted from my paycheck or cancel this service at any time by notifying my employer. I authorize the specified investment amount above. I understand that it is my responsibility to monitor any contributions to IRA/ESA accounts for applicable IRS limits.

X

Account owner's signature

Date

X

Joint account owner's signature

Date

IMPORTANT NOTICE—THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.



RETAIN A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

©2007 AARP Funds



ARP-AP-010-1007