

Pennsylvania 529 Guaranteed Savings Plan Payroll Deduction Instruction Form



- Please complete this form if you wish to start, change, or stop payroll deduction instructions on your existing PA 529 Guaranteed Savings Plan (GSP) Account(s).
- Print clearly, preferably in capital letters and black ink.
- After we process this form, you will receive a confirmation statement, which you must sign and submit to your employer's payroll department. Your payroll deduction instructions will not take effect until your employer has accepted your signed confirmation.
- For additional information, call toll free **1.800.440.4000**.

Send this completed form to:

Pennsylvania 529 Guaranteed Savings Plan
P.O. Box 55463
Boston, MA 02205-8114

For overnight delivery or registered mail, send the completed form to:

Pennsylvania 529 Guaranteed Savings Plan
95 Wells Avenue, Suite 155
Newton, MA 02459

1. Account Owner Information

Name of Account Owner (*first, middle initial, last*)

 - -

Social Security Number or Taxpayer Identification Number

 - -

Best Daytime Contact Number

 - -

Additional Contact Number (optional)

2. Employee/Contributor Information (*If different from Account Owner Information above*)

Name of Employee/Contributor (*first, middle initial, last*)

 - -

Best Daytime Contact Number

 - -

Additional Contact Number (optional)



3. Employer Information

Name of Employer

Mailing Address

City State Zip

Payroll Department Contact Name

- -
Telephone Number Extension (if any)

4. Payroll Deduction Instructions

Check one.

- Stop payroll deductions. (Skip to **Section 5**.)
- Start payroll deductions.
- Change my payroll deduction amount.

Please check the box that describes the method by which you are paid.

- Monthly (minimum \$15.00 per pay period)
- Twice per month (minimum \$15.00 per pay period)
- Biweekly (minimum \$15.00 per pay period)
- Weekly (minimum \$15.00 per pay period)

Deduct \$, . from my pay period and allocate the amount among my GSP Account(s) as follows:

Important: You must allocate a minimum of \$15.00 per pay period to **each Account**.

Account Number	Name of Beneficiary	Dollar Amount
<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"/> , <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"/>

Total Amount of Deduction (must equal amount indicated above) \$, .

5. Signature – YOU MUST SIGN BELOW

I hereby authorize the direct deposit from my pay by my employer in my GSP Account(s) as listed above. Such direct deposit will be made on each succeeding pay day unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt after a reasonable opportunity to act upon it. In the event that my employer deposits funds erroneously into my Account(s), I authorize my employer to debit my Account(s) for an amount not to exceed the original amount of the deposit.

SIGNATURE
Signature of Employee

- -
Date (month, day, year)