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)*

Last four (4) digits of the Social Security Number or Other Taxpayer ID Number ***(required)***

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)

PA GSP PAYROLL

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
		$ ___,___.___
		$ ___,___.___
		$ ___,___.___
		$ ___,___.___

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)*