

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** (Monday through Friday, 8 a.m. to 6 p.m., ET).

Send this completed form to:

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

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

**Pennsylvania 529 Guaranteed Savings Plan
Processing Center
95 Wells Avenue, Suite 160
Newton, MA 02459-3204**

1 Account Owner Information

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

Social Security Number or Taxpayer Identification Number

Daytime Telephone Number

Evening Telephone Number

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

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

Daytime Telephone Number

Evening Telephone Number



* PA GSP PAYROLL *

3 Employer Information

Name of Employer

Mailing Address

City

State

Zip

Payroll Department Contact Name

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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 \$25 per pay period)
- Twice per month (minimum \$12.50 per pay period)
- Biweekly (minimum \$11.54 per pay period)
- Weekly (minimum \$5.77 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 \$25 per month 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 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, I authorize my employer to debit my account for an amount not to exceed the original amount of the deposit.

Signature of Employee

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Date (month, day, year)