

# Pennsylvania 529 Guaranteed Savings Plan Automatic Investment Plan/ Electronic Bank Transfer Form



- Complete this form to start, change, or stop an Automatic Investment Plan (AIP) from your personal bank account, or to add or change bank account information for periodic contributions by Electronic Bank Transfer (EBT). Submit a separate form for each PA 529 Guaranteed Savings Plan (GSP) Account you own.
- You can start, change, or stop your AIP by accessing your accounts online at **www.PA529.com**.
- To add or change instructions for automatic investment by payroll deduction, use the Payroll Deduction Instruction Form.
- Print clearly, preferably in capital letters and black ink.

**Important:** Allow three business days from the date we receive this form to establish or change your options. Afterward, each contribution will be credited to your Account on the business day on which it is debited from your bank account.

Forms can be downloaded from our website at **www.PA529.com**. Or you can call us to order any form at **1-800-440-4000**. Return to:  
**Pennsylvania 529 Guaranteed Savings Plan, P.O. Box 55463, Boston, MA 02205** For overnight delivery or registered mail, send to:  
**Pennsylvania 529 Guaranteed Savings Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459**

## 1. Account Information

Account Number

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

Best Daytime Contact Number

Additional Contact Number (Optional)

Name of Beneficiary (first, middle initial, last)

**REMEMBER TO SIGN IN SECTION 4.**



**2. Options** *(Complete A, B, or both.)*

Contributions by AIP or EBT will not be available for withdrawal for 5 business days.

**A. AIP.** Have a set amount automatically transferred from your bank account to your GSP Account on a schedule.

- Add this option to my Account. *(Provide your debit information below and your bank information in **Section 3.**)*
- Change my investment amount, debit date, or both. *(Provide the new information below.)*
- Change my bank account information. *(Provide the new information in **Section 3.**)*
- Discontinue AIP investments.

**Amount of Debit** *(\$15 minimum):* \$       .

**Frequency** *(Check one.):*  Monthly  Quarterly

**Start Date:**    -    -     Your bank account will be debited on the 20th of any month, unless you pick a different date.  
*Date (month, day, year)*

**Annual Increase.** You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Note:** A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

**Amount of increase:** \$       .

**Month\*\*:**

\*\* The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of the GSP and will also count toward annual federal gift tax exclusion limits.

**B. EBT.** Allows you to make one time or periodic transfers of \$15 or more from your bank account to your GSP Account by phone or online. To establish or change this service for your Account, provide your bank information in **Section 3.**

Add  Change  Delete



**4. Signature—YOU MUST SIGN BELOW**

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.

If I have added or changed the AIP or EBT option, I authorize the GSP and Upromise Investment Advisors, LLC, upon telephone or online request, to pay amounts representing redemptions made by me, or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank involving accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that the GSP, Upromise Investment Advisors, LCC, and their respective affiliates will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the GSP, Upromise Investment Advisors, LLC, and the bank, and that the termination request will be effective as soon as the GSP and Upromise Investment Advisors, LLC, have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me.

▶

**Signature of Account Owner**

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*Date (month, day, year)*