



# 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**)

Daytime Telephone Number

Additional Contact Number (*optional*)

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

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

Daytime Telephone Number

Additional Contact Number (*optional*)



\* P A G S P P A Y R O L L \*

**3. Employer Information**

Name of Employer

Mailing Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension (if any)

**4. Payroll Deduction Instructions**

Check one.

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

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

- Monthly (minimum \$10.00 per pay period)
- Twice per month (minimum \$10.00 per pay period)
- Biweekly (minimum \$10.00 per pay period)
- Weekly (minimum \$10.00 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 \$10.00 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"/>
<b>Total Amount of Deduction</b> (must equal amount indicated above)		\$ <input type="text"/>

**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 of Employee

Date (mm-dd-yyyy)