Pennsylvania 529 Investment Plan

Payroll Deduction Instruction Form

- Complete this form to establish, change, or delete payroll deduction instructions on your existing PA 529 Investment Plan accounts. You may also provide your payroll deduction instructions by logging into your account at **www.PA529.com**.
- 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. You can receive this confirmation immediately by accessing your account online.
- Contributions made through payroll deduction are after-tax contributions.
- Print clearly, preferably in capital letters and black ink.

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 this form to: **Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

1. Account Information

Account Number

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

Daytime Telephone Number

Evening Telephone Number

2. Employer Information

Name of Employer

Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension *(if any)*

REMEMBER TO SIGN IN SECTION 4

* PA PAYROLL *

3. Payroll Deduction Instructions

If your employer submits your payroll deductions by check or electronically, your contributions will not be available for withdrawal for ten calendar days.

Check one:

☐ Stop payroll deductions. *(Skip to **Section 4.**)* **Important**: You must notify your employer that you wish to stop payroll deduction.

☐ Start payroll deductions.

☐ Change my payroll deduction amount.

Deduct $ ☐,☐☐☐.00 from my paycheck each pay period and allocate the amount among my PA 529 Investment Plan accounts as follows:

Important: You must allocate a minimum of $10 to **each account listed below**.

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00
Account Number Dollar Amount *($10 minimum)*

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Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00
Account Number Dollar Amount *($10 minimum)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00
Account Number Dollar Amount *($10 minimum)*

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Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00
Account Number Dollar Amount *($10 minimum)*

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Beneficiary *(first, middle initial, last)*

Total Amount of Deduction *(must equal amount indicated above)* $ ☐,☐☐☐.00
Dollar Amount

4. Signature—YOU MUST SIGN BELOW

I certify that I have read the Disclosure Statement and Participation Agreement and understand the rules and regulations governing the PA 529 Investment Plan.

▶ SIGNATURE ☐☐ — ☐☐ — ☐☐☐☐
Signature of Account Owner Date *(mm/dd/yyyy)*

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