

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 *

