

Pennsylvania College Savings Program—529 Direct Investment Plan

Payroll Deduction Instruction Form

- Print clearly, preferably in capital letters and black ink.
- Complete this form to establish, change, or delete payroll deduction instructions on your existing PA 529 Direct Plan accounts. You may also provide your payroll deduction instructions online at www.pa529direct.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.

Forms can be downloaded from our website at www.pa529direct.com. Or you can call us to order any form at **800-294-6195** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Pennsylvania College Savings Program—529 Direct Investment Plan, Processing Center, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania College Savings Program—529 Direct Investment Plan, Processing Center, 117 Kendrick Street, Suite 200, Needham, MA 02494**.

1. Account Owner Information

Social Security Number or Individual Taxpayer ID Number

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

Daytime Telephone Number

Evening Telephone Number

2. Employer Information

Name of Employer

Mailing Address

City

State

Zip

Payroll Department Contact Name

Telephone Number

Extension (if any)



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3. Payroll Deduction Instructions

Check one.

Stop payroll deductions. (Skip to **Section 4**.)

Start payroll deductions.

Change my payroll deduction amount.

Deduct \$ from my paycheck each pay period and allocate the amount among my PA 529 Direct Plan accounts as follows:

Important: You must allocate a minimum of \$15 to **each account**.

Account Number	Name of Beneficiary	Dollar Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> (\$15 minimum)
Total Amount of Deduction (must equal amount indicated above)		\$ <input type="text"/> , <input type="text"/>

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 Direct Plan.

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Signature of Account Owner

Date (month, day, year)

