

Employee Payroll Deduction Form



®

529

Save today for your child's tomorrow

Instructions

Please complete this form to establish, change or delete payroll deduction instructions on your existing Scholar's Edge® account(s). If you do not have an account, please attach a completed application for each beneficiary. Before completing this form, check with your payroll department regarding the availability of this service. Your payroll department must complete an Employer Authorization Payroll Deduction Form before you can begin payroll deduction.

Please print clearly in all CAPITAL LETTERS using black ink. Color in circles completely. For example: ● not X not ✓

If you have any questions about this form, please call 1.866.529.7283 (SAVE).

Employee's first name	Middle initial	Last name	Social Security number
Employee phone number			
Company name			Company phone number
Company contact			

- | | |
|--------------------------------------|---------------------------|
| A. Establish a new payroll deduction | Cancel existing deduction |
| Change allocation percentage | Change deduction amount |

B. Payroll Deduction Amount

Indicate the amount to be deducted from your paycheck each pay period. The minimum investment is \$25 per month per portfolio.

Total Deduction Amount \$ _____

This dollar amount will be invested according to your Elected Investment Allocation on file at the time the assets are received. If you are establishing a new account, the assets will be invested according to your instructions on the Account Application.

All dollar allocations will be stored as percentages. Payroll dollars will be invested based on the stored percentages until the account owner submits a new form.

	.00%
	.00%
	.00%
	.00%
Total	100.00%



Employee's Signature

Date

All Employees

Make two copies of this Employee Payroll Deduction Form and:

1. Retain a copy for your records.
2. Provide a copy of this form to your Human Resources Department once you obtain your Scholar's Edge account number so they can initiate the payroll deduction.
3. Your Human Resources Department will send a copy of the Form to the Scholar's Edge plan at:

Scholar's Edge
P.O. Box 173691
Denver, CO 80217



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