NC 529 Plan

North Carolina's National College Savings Program

Payroll Deduction Authorization Agreement

Make checks payable to: "NC 529 Plan"

Employee: Complete this form to set up Contributions by payroll deduction for up to seven Accounts in North Carolina's National College Savings Program (the "Program"); for more, please attach a separate page. See *Program Description for North Carolina's National College Savings Program* (the "Program Description") for details.

Each Account to which you contribute must be established and assigned an Account number prior to receiving Contributions by payroll deduction. If you are the Participant (Account owner), you must have already completed, or return with this form, a separate *Enrollment and Participation Agreement* ("Enrollment Agreement") for each Beneficiary.

If you are not the Participant on the Account(s), but you want to contribute by payroll deduction for a particular Beneficiary, you must have the Account number to complete this request. Your Contributions become the property of the Participant.

Employer: Upon receipt of this completed *Payroll Deduction Authorization Agreement* ("Authorization Agreement"), please use the information provided below to establish the amount of the payroll deduction for your employee and communicate it to your payroll provider. If you send in Enrollment Agreements for your employees, please include Authorization Agreements with those requesting payroll deduction.

Mail to: NC 529 Plan
P.O. Box 40877
Raleigh, NC 27629-0877

Overnight or registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax to: 919-835-2304

For questions or forms, contact the Program Administrator College Foundation, Inc.
CFNC.org/NC529 800-600-3453
919-828-4904 (Raleigh)

Please print clearly in capital letters and dark ink.

1 Type of Transaction

Check one.

☐ New Deduction ☐ Change Existing Deduction ☐ Stop Deduction

2 Employee Information

Check one.

☐ Participant Contributor (Account Owner) ☐ Other Contributor (Not Account Owner)

Employer Name

Company Code

Check type and enter the number. ☐ SSN ☐ TIN Social Security or Taxpayer Identification Number

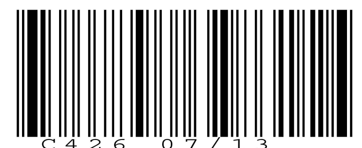
Employee Name (First, Middle, Last, Suffix)

Primary Telephone Number (8:00 a.m. to 5:00 p.m.)

Employee Payroll Schedule

Check one.

☐ Once a week ☐ Every two weeks
☐ Twice a month ☐ Once a month



3 Payroll Deduction Allocation

I, the undersigned employee, authorize my employer to deduct from my pay a total amount of $______ per pay period (minimum of $25 per Account) designated in the percentages specified for each Beneficiary listed below and to transmit the amount deducted to the Program. Percentages must be in whole numbers, not fractions, and total 100%.

Beneficiary's Full Name (First, Middle, Last, Suffix)	**Account Number** ***(if established)*** (If not yet established, an Enrollment Agreement must accompany this form.)	**Percentage of Total Deduction Amount Per Account**
		%
		%
		%
		%
		%
		%
		%
	TOTAL	%

4 Authorization — You Must Sign Below

1. I understand my Contributions per Beneficiary in a calendar year generally may not exceed the applicable annual federal exclusion for a Participant or other contributors without incurring federal and North Carolina gift taxes. Please refer to the Program Description for details on any tax consequences for Contributions made to Account(s) in the Program. I also understand that all Contributions are made post-tax and that I must consult my tax advisor for further information if needed. I further understand that if I am not the Participant on the Account(s), my Contributions become the property of the Participant.
2. I agree that my pay will be reduced in the manner I have specified above, and I affirmatively elect to have this amount contributed for the Beneficiary(ies) named above in accordance with the designation of Contributions on record for the Account(s) (one per Beneficiary). I understand that if I wish to change the amount I am contributing each pay period, I must complete a new *Payroll Deduction Authorization Agreement*.
3. I understand that my employer will transmit the amount specified in this Authorization Agreement to the Program Administrator for processing in a timely manner after deduction is made.
4. I reserve the right to revoke this authorization by completing a new *Payroll Deduction Authorization Agreement* and selecting "stop deduction" or by written notice to my payroll department; however, I understand that such revocation shall not be effective until received and duly implemented by both my payroll department (or payroll provider, as applicable) and the Program Administrator. I agree that my employer (or payroll provider, as applicable) is not responsible for the performance of the Investment Options offered through the Program. I also agree that my employer will incur no liability for any losses that I may suffer as a result of my participation in the Program, and will not be responsible for any income or other taxes that I may incur as a result of my participation in the Program. I further understand that my employer may use the services of a financial advisor to offer the payroll deduction plan, but this financial advisor will not have the authority to make any Account changes.
5. In requesting payroll deduction for this Program, I confirm that I have read and understand the Program Description.
6. This Authorization Agreement replaces any earlier agreement with my employer concerning participation in the Program and will continue to be effective while I am employed and my employer makes the Program available through a payroll deduction plan, or until I revoke this authorization.

Signature of Employee ______________________ Date (month, day, year) ______________