

Payroll Direct Form for 529 College Savings Plan Accounts

You may use this form to **start, stop, or modify a payroll deduction** for your 529 College Savings Plan Account(s). The Payroll Direct savings feature is only available to a select group of employers. If you are establishing payroll deductions for more than four 529 College Savings Plan Accounts, please add a second form with additional entries and totals for all relevant categories. You must be the Participant on each of the 529 accounts designated on this form.

When you have completed this form, please return it to: **Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002**. Your first payroll deduction will usually be made within 30 days after you have mailed in your completed form.

1 EMPLOYEE INFORMATION

Name (first, middle initial, last) _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

2 EMPLOYER INFORMATION

Employer that entitles you to participate in Payroll Direct _____ Company Subsidiary or Division name (if applicable) _____

3 PAYROLL INFORMATION (select one)

Initiate payroll deduction for my 529 College Savings Plan Account(s)

Please establish a total payroll deduction of \$ per payroll period for my 529 College Savings Plan Account(s) indicated below (minimum of \$15 per month for each account). These are:

new account(s) I am establishing. existing Fidelity-managed 529 Plan accounts.

New payroll contribution breakdown

Name and Social Security # of Beneficiary	Account # (if existing account)	% of payroll deduction to each account
1. _____ - / /	_____	_____
2. _____ - / /	_____	_____
3. _____ - / /	_____	_____
4. _____ - / /	_____	_____
		100%

Modify a current payroll deduction arrangement

Please modify my current payroll deduction according to the following instructions (select all that apply):

Change my total **pay period** deduction* from \$ to \$

*minimum of \$15 per month for each account.

Change the percentage allocation to my Beneficiary(ies) as shown below:

Name and Social Security # of Beneficiary	Account #	Current pay period %	Future pay periods %
1. _____ - / /	_____	_____	_____
2. _____ - / /	_____	_____	_____
3. _____ - / /	_____	_____	_____
4. _____ - / /	_____	_____	_____
		100%	100%

Stop a current payroll deduction

Please stop the entire payroll deduction supporting my 529 College Savings Plan Account(s).

4 SIGNATURE

I understand that I can change the amount of my payroll deduction to Fidelity or cancel this arrangement by written notification to Fidelity. I authorize Fidelity and my employer to make charges (debit entries) to my account to correct any deposits (credit entries) made in error by the payroll department or the processing bank.

Signature _____ Date (mm/dd/yy) _____

