LOUISIANA'S START SAVING PROGRAM

PAYROLL DEDUCTION AUTHORIZATION FORM

START Saving Program PO Box 91271 Baton Rouge, LA 70821-9271 Telephone: 1-800-259-5626 Internet: www.startsaving.la.gov

Fax: (225) 612-6497

INSTRUCTIONS: To initiate deposits to your account or that owned by your spouse through payroll deduction, you must complete this form. **THIS FORM MUST FIRST BE APPROVED BEFORE IT WILL BE FORWARDED TO YOUR EMPLOYER.** Follow these instructions to complete this form. Type or print in ink. Enter your employer's complete company name, address, telephone number and Federal Tax Identification (ID) Number. If necessary, contact your payroll department to obtain your employer's Internal Revenue Service Federal Tax ID Number. If you have more than one account, enter the percentage of the total payroll deduction you wish to be deposited to each account. The percentages allocated to all accounts must equal 100%. Mail the completed form to the "START Saving Program," at the address shown above. If you need assistance in completing this form, call a Public Information and Communications Officer at the number shown above.

NAMES OF THE ACCOUNT OWNER AND EMPLOY	'ER			
Account Owner's (Employee's) Name (Print) Last First	MI	Account Owner's	Social Security Num	iber
Employer's Name and Mailing Address (Print)	Address	City	State	Zip
Employer's Telephone	Employer's Fed	eral Tax ID Numbe	Γ	
PAYROLL DEDUCTION (Check One)				
New Deduction Change in the Amo	unt of Present Deduction			
Amount to deduct from salary each pay period: \$				
Pay Period or Date the payroll deduction is to begin:				
ACCOUNT(S) IN WHICH THE PAYROLL DEDUCTION	ON WILL BE DEPOSITED			
Beneficiary's Full Name (First, Middle, Last)	Account Number		Percentage of Total D to Each Beneficia	
				%
				%
				%
				%
				%
			Total 100%	
EMPLOYEE'S (ACCOUNT OWNER'S) AUTHORIZA				
I understand that these instructions will remain in effe voluntary program, and I understand that I am under change the deduction amount at any time upon notific my employer to cancel any prior START Saving Programy heirs, successors, agents and assigns, any and all arising out of the deduction, failure to deduct or any o	no contractual obligation a cation to START Saving Pr am deduction forms on file I rights of action against the	ind, therefore, may rogram and my em e. I hereby waive, ne State of Louisiar	cancel this authorization ployer. I hereby authorican behalf of myself, na, its agents, and assistance.	on or rize
Account Owner's Signature:				
Account Owner's Spouse, if applicable:				
Date:				
OFFICE USE ONLY: Approved date:		Initials:		