

# EMPLOYEE PAYROLL DEDUCTION



**✓ USE THIS FORM TO:**

- Initiate or change existing amounts or allocations of payroll deduction/corporate dividend contributions to Alaska 529.

**✗ DO NOT USE THIS FORM TO:**

- Cancel your contributions to the Plan. Please contact your employer/corporation directly.

This paper clip indicates you may need to attach documentation.

**Employee/Shareholder:** Provide this form directly to your employer or corporation who will submit the form to Alaska 529 on your behalf.

**Employers/Corporations:** Submit this form to Alaska 529 on behalf of your employee/shareholder. Please note that the contributor will not appear in the Payroll Deduction Portal until the form is received and processed. Visit [Alaska529plan.com/employer](http://Alaska529plan.com/employer) for information on where to mail or fax the form.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

## 1 EMPLOYEE/SHAREHOLDER INFORMATION

If you do not currently have an account, please first complete a [New Account Agreement](#) form or open an account online or via phone.

Name		Social Security Number	
Mailing Address			
City	State	ZIP Code	
Day Phone		Evening Phone	
Email Address			
Employer/Corporation Name			
Group ID (See your employer/corporation for this information)			

## 2 CONTRIBUTION INSTRUCTIONS

Complete this section to reflect the changes or additions you would like to make to your contributions per pay period. There is a \$25 minimum contribution per Account per month. Indicate below whether you are initiating or changing contribution amounts and provide specific information about the Account(s) that will be affected in the chart.

**Action Requested (check one):**

- Initiate—complete the chart and turn this form into your employer/corporation.
- Change—complete the chart and turn this form into your employer/corporation.
  - Contribution amount—will replace the dollar amount of your contributions.
  - Account allocation—will replace any existing allocation information.

Total Contribution Amount Per Pay Period \$ \_\_\_\_\_

**Employers, please note that if this request only consists of a contribution amount change you do not need to submit a copy of this form to Alaska 529. Keep this form for your records and change the contribution amount in the portal.**

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

**Total = 100%**

**\*NOTE:** Total percentage must equal 100% and may not include fractional percentages.

## 3 SIGNATURE(S)

**By signing this form, I understand and hereby certify that:**

- I will authorize my employer/corporation (identified in Section 1) to deduct funds from my payroll and/or dividend and forward those funds to Alaska 529. Contributions to my Alaska 529 Account(s) in accordance with this program will be allocated as instructed in Section 2 of this form. These instructions will remain in full force and effect until Alaska 529 receives notice from my employer/corporation to change or cancel my contributions. This notice must be received in a time and manner that allows Alaska 529 a reasonable opportunity to process my request.

The signature on this form is genuine of the respective individuals or their legal guardians.

SIGNATURE AND DATE REQUIRED	
Name	Date (mm/dd/yyyy)
<b>X</b>	

