



529 College Savings Plan Form

Name	Employee ID
Department	Campus Phone

It is hereby agreed by the undersigned that my **monthly** contribution shall be

\$ _____ per pay period.

This first deduction will be made in _____ (month); or the pay period ending the month following receipt of this agreement by the employer. This agreement shall remain in full force and effect during the continued employment of said employee except as it may be amended or terminated in writing. There are no restrictions on the number of amendments that can be made to a salary reduction agreement during any one calendar year.

It is further agreed that the employee is responsible for contacting Path2College to obtain summary plan agreements and to determine maximum limits of salary deferrals under IRS tax codes.

Cancellations
I wish to cancel my salary reduction in _____ (month); or the pay period ending the month following receipt of this agreement by the employer.

Signature: _____

Date: _____