



## 2 Employer information

**Important:** Check here **only** if you are an employee of the State of Hawaii.  
(Skip to **Section 3.**)

\_\_\_\_\_  
State Agency/Department - **State of HI Employees Only**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Payroll Department Contact Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Extension (if any)

## 3 Payroll deduction instructions

**Check one:**  Start Payroll Deductions

Change Amount

Stop Payroll Deductions  
(Skip to **Section 4.**)

Deduct \$\_\_\_\_, \_\_\_\_\_. **00** from my paycheck each pay period and allocate the amount among my HI529 accounts as detailed below.

**Important:** You must allocate a minimum of \$15 to each account per pay period. Please use an additional sheet if you have more than two accounts.

\_\_\_\_\_  
Account Number

\$\_\_\_\_, \_\_\_\_\_. **00**  
Dollar Amount

\_\_\_\_\_  
Name of Beneficiary (first, middle initial, last)

\_\_\_\_\_  
Account Number

\$\_\_\_\_, \_\_\_\_\_. **00**  
Dollar Amount

\_\_\_\_\_  
Name of Beneficiary (first, middle initial, last)

## 4 Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the HI529 Plan Disclosure Statement and Participation Agreement and understand the rules and regulations governing HI529.

\_\_\_\_\_  
SIGNATURE  
Signature of Account Owner

\_\_\_\_\_  
Date (mm/dd/yyyy)

