HI529 — Hawaii's College Savings Program

Payroll Deduction Form

HI529 Hawaii's College Savings Program

- Complete this form to start, change, or stop payroll deduction instructions on your existing HI529 account(s). You may also provide your payroll deduction instructions when you log on to our website at **www.hi529.com.** *(If you have not established an account, you must also complete and enclose an **Enrollment Form.**)*
- After we process this form, you will receive a **Payroll Deduction Authorization Form,** which you must sign and submit to your employer's payroll department. Your payroll deduction instructions will not take effect until your employer has accepted your signed form.
- **Important notice for State of Hawaii Employees:** If you are a State of Hawaii employee, we will not generate a **Payroll Deduction Authorization Form** for you to submit to your employer; payroll deduction instructions will be transmitted electronically to the State of Hawaii. Please make sure the name on your HI529 account matches the name on your paycheck. If your employment with the State of Hawaii is terminated, you must cancel your payroll deduction instructions on your HI529 account. If HI529 does not receive payroll contributions for 12 months your payroll deduction will be automatically discontinued.
- Only the Account Owner may make contributions to the account.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.hi529.com,** or you can call us to order any form — or request assistance in completing this form — at **1.866.529.3343** any business day from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

Return this form and any other required documents to:

HI529 — Hawaii's College Savings Program
P.O. Box 219779
Kansas City, MO 64121-9779

For overnight delivery or registered mail, send to:

HI529 — Hawaii's College Savings Program
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐ Account Number

☐☐☐ – ☐☐ – ☐☐☐☐ Social Security Number or Taxpayer Identification Number ***(Required)***

Name of Account Owner *(first, middle initial, last)*

☐☐☐ – ☐☐☐ – ☐☐☐☐ Telephone Number *(In case we have a question about your account.)*

* H I P A Y R O L L *

2. Employer information

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

State Agency/Department

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)*

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