



PENNSYLVANIA'S TUITION ACCOUNT PLAN

Payroll Deduction Form for TAP 529

HOW TO GET STARTED

It's simple to begin investing in your TAP 529 account through a direct deposit from payroll. You will need to:

1. Complete the attached two-page form.
2. Mail the first page to TAP 529 at the address provided below.
3. Return the second page to your employer's payroll department.
4. Make a copy of each for your personal records.

A Checklist for the Employee:

When completing the payroll deduction form, did you...

- List the name of your employer, the payroll contact and a contact phone number?*
- List your allocations in whole numbers (and not fractions)?*
- Make sure that the percentage of allocations equals 100%?*
- Sign exactly as your name appears on your account registration?*
- Verify that the contribution is for the correct minimum amount per beneficiary (\$50 per investment option in the Investment Plan or \$25 in the Guaranteed Savings Plan)?*
- For new accounts only: Please attach a TAP 529 Investment Plan or Guaranteed Savings Plan Enrollment Form.**
- Remember to send the first page to TAP 529 and return the second page to your employer's payroll department?*

QUESTIONS?

Contact the TAP 529 Service Center at
800 440 4000 from 8 a.m to 8 p.m., ET,
Monday through Friday.

TAP 529
c/o Delaware Investments
P.O. Box 42529
Philadelphia, PA 19101



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Payroll Deduction Form for TAP 529

If you have any questions regarding completion of this form, call 800 440-4000, Monday through Friday, 8 a.m. to 8 p.m., ET

To be returned to TAP 529 by the employee/account owner

- Check One: Change to Existing Payroll Deduction
 New Payroll Deduction on Existing Account(s)
 New Payroll or New Account(s) (For new accounts, you must also complete and submit a TAP 529 Investment Plan Enrollment Form and/or a Guaranteed Savings Plan Enrollment Form for each account.)

First Name _____ Middle Initial _____ Last Name _____

Social Security number - -

Street Address _____

City _____ State _____ ZIP Code _____

Phone Number [Home] - - [Business] - -

Employer Name _____ Payroll Contact at Employer _____

Street Address _____ Phone Number of Payroll Contact - -

City _____ State _____ ZIP Code _____

Refer to your TAP 529 statement for the account number. The Fund Number for the Guaranteed Savings Plan will be GSP. If this is a new account, Delaware Investments will fill in the account number, but please fill in the Portfolio Name (example: Balanced Portfolio).

Designated Beneficiary Name	Fund Number	Account Number	Portfolio Name	Percentages
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> .00%
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100%

I hereby authorize the direct deposit from my pay by my employer in my TAP 529 account as listed above. Such direct deposit will be made on each succeeding pay day unless I choose to terminate this Agreement in writing to my employer. Any such notification to my employer shall become effective following receipt after a reasonable opportunity to act upon it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the deposit.

Signature of Account Owner (Employee) _____ Date _____





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To be returned to your payroll office by employee/account owner

Please complete the information below and sign in order to process your payroll deduction:

- Check One: New Payroll Deduction
 Change Existing Payroll Deduction (Amount to be deposited)
 Discontinue Payroll Deduction

ACCOUNT NUMBER

The Account Number is a 17 digit field. The first 8 digits are the DDA Account number for Delaware Investments. The other 9 digits are the employee's Social Security number without dashes.

DDA

5	5	5	5	8	9	9	9									
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Employee's Social Security number

ABA NUMBER/TRANSIT-ROUTING NUMBER

0	2	1	0	0	0	0	1	8
---	---	---	---	---	---	---	---	---

ACCOUNT TYPE: Checking

Amount Per Pay Period \$.00 (The minimum amount is \$25 for the Guaranteed Savings Plan and \$50 for the Investment Plan)

I hereby authorize the direct deposit of the amount indicated above from my pay by my employer in my TAP 529 account. Such direct deposit will be made on each succeeding pay day unless I choose to terminate this Agreement in writing to my employer. Any such notification to my employer shall become effective following receipt after a reasonable opportunity to act upon it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the deposit.

Name of Employee (please print) _____

Signature of Account Owner (Employee) _____

Date _____

