



# PAYROLL DEDUCTION AUTHORIZATION FORM

TD AMERITRADE 529 College Savings Plan  
PO Box 82634  
Lincoln, NE 68501

- New – If you have not established a College Savings Plan account, you will also need to submit an enrollment form.
- Change to existing payroll deduction for account number: \_\_\_\_\_

- Use this form to authorize payroll deductions from your employer for your TD AMERITRADE 529 College Savings Plan account.
- Please complete all 4 boxes and mail this form to TD AMERITRADE 529 College Savings Plan, PO Box 82634, Lincoln, NE 68501. If you have any questions, call 877-408-4644.

NOTE: Check with your employer to make sure payroll deduction is available to you before completing this form. If your employer does not offer payroll deduction, they can call TD AMERITRADE 529 College Savings Plan at 877-408-4644 for information to offer payroll deduction to their employees.

## 1 EMPLOYEE INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR.	First Name	MI	Last Name
Mailing Address (Include house number, street, and apartment number or P.O. Box)			
City, State, ZIP Code			
Social Security Number		Amount to be deducted per pay period per beneficiary \$ _____	
Daytime Telephone		Evening Telephone	

## 2 EMPLOYER INFORMATION

Company Name/Department/Agency	
Mailing Address	City, State, ZIP Code
Payroll Contact Name	Payroll Contact Telephone

## 3 BENEFICIARY INFORMATION

First Name	MI	Last Name
Social Security Number	Date of Birth	

## 4 AUTHORIZATION

I hereby authorize payroll deduction.

X \_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_ Date

Print Name Here \_\_\_\_\_ Date Deductions Begin \_\_\_\_\_  
(check with employer)

Deductions may be discontinued by written notice to your employer.

**For Office Use Only: Account Number**

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