

NC 529 Plan

North Carolina's National College Savings Program



Employer Profile

North Carolina's National College Savings Program (the "Program") is available for employers to offer as a benefit to employees with very little company administrative effort.

The terms, conditions, risks and full description of the Program are contained in the *Program Description for North Carolina's National College Savings Program* ("the Program Description").

Mail to: NC 529 Plan
P.O. Box 40877
Raleigh, NC 27629-0877

Overnight or Registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax: 919-835-2304

Please print clearly in capital letters and dark ink.

For questions or forms, contact the Program Administrator College Foundation, Inc.
CFNC.org/NC529 800-600-3453

1. EMPLOYER INFORMATION

Employer Name (Company, Business, Association, or Government Entity)

Federal Tax Identification Number

Month Your Fiscal Year Begins

Employer Address (line 1)

(line 2)

City

State

Zip or Postal Code

Name of Authorized Representative (first, middle initial, last)

Title of Authorized Representative

Telephone Number

Fax Number

E-Mail Address

Number of Employees



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2. EMPLOYEE ENROLLMENT SCHEDULE

- Enter below the schedule for enrolling employees in the payroll deduction plan for North Carolina's National College Savings Program ("NCSP").

Initial enrollment period

Start Date (month, day, year)

End Date (month, day, year)

Preferred method of submitting forms to NCSP

- Employer to collect forms and send as a batch to NCSP
- Individual employees to submit forms directly to NCSP

If the Employer plans to batch forms, enter the date the first group of Enrollment forms will be submitted to NCSP.

First Submission Date (month, day, year)

Note: To ensure that new Accounts are opened and ready to receive funds, Enrollment forms must be received at least four weeks before the payroll deduction is scheduled.

3. PAYROLL INFORMATION

- NCSP will contact the person designated below to provide the employer code necessary to administer this group 529 plan. If you choose to send Contributions electronically, wiring instructions will be included.

If same as Authorized Representative, check here; otherwise, complete contact information below.

Payroll Contact Person (first, middle initial, last)

Telephone Number

Fax Number

E-Mail Address

Frequency of Deposits (Check one.)

- Once a week
- Every two weeks
- Twice a month
- Once a month

Do you use a third-party payroll vendor?

No Yes

Name of Vendor

How will you send Contributions? (Check one.)

- Check
- Electronic Funds Transfer

