NC 529 Plan

North Carolina's National College Savings Program



Group 529 Plan for State Employees

This group 529 plan Employer Profile is intended for use by agencies, departments, bureaus, and institutions of the State of North Carolina to facilitate payroll deduction under G.S. § 143-3.3 for employees who have established or are establishing Accounts in North Carolina's National College Savings Program. This form should be completed by the person responsible for payroll and/or benefits for the State agency, department, bureau, or institution.

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 NC 529 Plan

Registered mail: 2917 Highwoods Blvd.

Raleigh, NC 27604

Fax: 919-835-2304

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

Please print clearly in capital letters and dark ink.

1. Employer Information			
Employer Name (State Agency)			
Federal Tax Identification Number			
Familiary Address (fine 1)			
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			

Payroll Type

- Check one below to indicate the type of payroll that the Employer uses.
 - ☐ Central Payroll Unit #
 - ☐ Individual Payroll



2. EMPLOYEE ENROLLMENT SCHEDULE • Enter below the initial period for enrolling employees in the group 529 plan. Initial enrollment period Start Date (month, day, year) End Date (month, day, year) 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. Agency Payroll Contact Person (first, middle initial, last) Telephone Number Fax Number E-Mail Address Data and Funds Transfer (Do not complete this section if Employer is served by Central Payroll.) • If Employer uses individual payroll, check choices below to indicate data transfer and funds transmission preferences.

☐ Paper

☐ Exception report only

Transfers from Employer to NCSP

Data Transfer Method (Check one.): ☐ Electronic

Data Transfer Report (Check one.): ☐ Complete roster

Transfers from NCSP to Employer			
Note: Please attach calendar for data transfer and funds transmission dates.			
Funds Transmission Method (Check one.):	☐ Electronic	☐ Check	
Data Transfer Method (Check one.):	☐ Electronic	⊔ Paper	

4. AUTHORIZATION - YOU MUST SIGN BELOW

By signing this Employer Profile and submitting it to College Foundation, Inc. ("CFI"), the Program Administrator, I, the authorized representative of the Employer named in Section 1 (the "Employer"), hereby represent, warrant and agree to the following:

- I am an authorized representative of the Employer and have the 1. authority to act on behalf of the Employer and bind the Employer.
- The information contained on this form is true, complete and 2 correct. If any of the information on this form changes, the Employer will promptly notify CFI.
- The Employer agrees that it must provide each employee enrolling in the plan with a copy of the current Program Description for North Carolina's National College Savings Program (the "Program Description") prior to the employee's enrollment.
- The Employer will pay its own expenses, if any, associated with implementing and administering the group 529 plan.
- With the frequency specified on this Employer Profile, as it may be modified from time to time, the Employer will transmit or cause to be transmitted to CFI electronically or via check an aggregate Contribution equal to the sum of Contributions of each employee participating in the plan or a Contribution equal to the sum of Contributions of each employee participating in the plan

- minus any adjustments. Such Contributions will be transmitted to CFI on a timely basis after the Employer deducts the money from the employee's pay and will be transmitted pursuant to instructions provided from time to time by CFI to the Employer.
- The Employer will transmit or cause to be transmitted to CFI before or simultaneously with each Contribution transmission a complete and accurate Contribution Report in a form and substance mutually agreed to between the Employer and CFI; provided that the Contribution Report contains, at a minimum, the employer code and the name, Social Security Number and Contribution amount for each employee participating through payroll deduction.
- None of the North Carolina State Education Authority, the Program Administrator, each investment manager or any successor investment manager, or Metropolitan Life Insurance Company, or any of their affiliates, directors, officers, employees or agents (collectively, the "Program Parties"), is responsible for (and the Employer will hold harmless and indemnify each Program Party for) any loss that the Employer or any employee participating in the payroll deduction method may suffer as a result of the failure or delay of the Employer to transmit Contributions or the Contribution Report (as specified in paragraph 5 above) in a timely and accurate manner.

Signature of Authorized Employer Representative	Date (month_day_year)

Signature of Authorized Employer Representative

Date (month, day, year)

For Program Administrator Use Only			
To be assigned by CFI. The Employer will be contacted by the Program Administrator within 10 business days to provide the information below if payroll deduction selected.			
Employer Code	Date Payroll Deduction Begins		