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").

Please print clearly in capital letters and dark ink.

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

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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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
How will you send Contributions? (Check one.)
☐ Check ☐ Electronic Funds Transfer

4.	OPTIONAL INFORMATION											
Тур	pe of Industry											
Loc	cation of Employees (Check all that apply.)											
	NC only \square Outside NC only \square Both NC and Outside	e NC										
Hov	How did you learn about our Program?											
1 🗆	1 □ Direct Mail 2 □ Program Representative 3 □ Financial Advisor 4 □ Payroll Provider 5 □ Radio 6 □ Newspaper/Magazine											
7 🗆	7 □ Billboard 8 □ Website 9 □ TV 10 □ Presentation											
5.	AUTHORIZATION — YOU MUST SIGN BELOW											
("CF Emp	signing this <i>Employer Profile</i> and submitting it to College Foundation, Inc. FI"), the Program Administrator, I, the authorized representative of the bloyer named in Section 1 (the "Employer"), hereby represent, warrant agree to the following:		Contributions will be transmitted to CFI on a timely basis after the Employer (or payroll provider, as applicable) 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.									
1.	I am an authorized representative of the Employer and have the authority to act on behalf of the Employer and bind the Employer.	6.	The Employer will transmit or cause to be transmitted to CFI before or simultaneously with each Contribution transmission a									
2.	correct. If any of the information on this form changes, the Employer will promptly notify CFI. substance mutually agreed to between the Employer and CF provided that the Contribution Report contains, at a minimul employer code and the name, Social Security Number and											
3.	The Employer agrees that it must provide each employee enrolling in the plan with a copy of the current <i>Program Description for North Carolina's National College Savings Program</i> (the "Program Description") prior to the employee's enrollment 7. None of the North Carolina State Education Authority, the											
4.	The Employer will pay its own expenses, if any, associated with implementing and administering the payroll deduction plan, including any costs associated with deducting and transmitting the Contributions from the pay of employees participating in the plan.		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									
5.	participating in the payroll deduction method may suffer as a											
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	Signature of Authorized Employer Representative		Date (month, day, year)									
	For Program Admin	3.500										
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												
info	ormation below if payroll deduction selected.											
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