

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 Registered mail: NC 529 Plan
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

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



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:

1. I am an authorized representative of the Employer and have the authority to act on behalf of the Employer and bind the Employer.
2. The information contained on this form is true, complete and correct. If any of the information on this form changes, the Employer will promptly notify CFI.
3. 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.
4. The Employer will pay its own expenses, if any, associated with implementing and administering the group 529 plan.
5. 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.

6. 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.
7. 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 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