

North Carolina Employer Profile

Direct Enrollment 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.

If you need assistance in setting up your group 529 plan, please call 800-600-3453.

Please PRINT neatly using black ink.

Please keep a copy of this form and return the original to:

National College Savings Program
PO Box 40877
Raleigh, North Carolina 27629-0877

You may also fax this form to:
919-821-3139

1 Employer Information

Employer Name (Government Entity)		Federal Tax ID Number	
Employer Address			
Name of Authorized Representative			Title
Fax Number ()	Telephone Number ()	E-mail Address	Number of Employees

2 Payroll Information

A. Does employer use Central Payroll or Individual Payroll

The person designated below will be contacted by the Program Administrator to provide the employer code established to administer this group 529 plan.

Agency Payroll Contact Person

Fax Number ()	Telephone Number ()	E-mail Address
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B. From employer to Program Administrator: (If served by Central Payroll, do not complete 2B.)

Will data transfer method be Electronic or Paper

Please attach calendar for transfer dates

Will funds transmission be Electronic or Check

Please attach calendar for transmission dates

From Program Administrator to employer:

Should data transfer method be Electronic or Paper

Do you prefer Complete roster or Exception report only

3 Expected Employee Enrollment Schedule

Targeted initial enrollment period: Start Date _____ End Date _____

4 Employer Responsibilities and Authorized Signature

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"), understand 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 in the plan.

Signature of Authorized Employer Representative

Title

Print Full Name

Date

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 is selected.

Employer Code

Date Payroll Deduction to Begin