

# FLORIDA 529 SAVINGS PLAN

## STATE OF FLORIDA PAYROLL DEDUCTION AUTHORIZATION FORM



To request payroll deduction for the Florida 529 Savings Plan, please complete, sign, and return this form to your **Post-Tax Benefits Office** for processing. For assistance, contact Florida Prepaid at 1-800-552-4723.

**IMPORTANT!** Before you request payroll deduction for the Florida 529 Savings Plan, the beneficiary (student) must have an account. This form is not an enrollment application. You may enroll online at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com) or call 1-800-552-4723 for an enrollment kit and application. Once your enrollment application has been processed, you will receive a confirmation package from the program with the account numbers necessary to complete this form.

EMPLOYEE'S FIRST/LAST NAME

( ) \_\_\_\_\_ - \_\_\_\_\_

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EMPLOYEE'S SOCIAL SECURITY NUMBER

EMPLOYEE'S WORK NUMBER

( ) \_\_\_\_\_ - \_\_\_\_\_

□□□□ - □□ - □□□□

ACCOUNT OWNER SOCIAL SECURITY NUMBER

EMPLOYEE'S HOME/CELL NUMBER

□□□□□□□□

EMPLOYEE'S PEOPLE FIRST ID NUMBER

PAY CYCLE
<input type="checkbox"/> Biweekly (24)

BIWEEKLY DEDUCTION AMOUNT:

\$ □□□□ . □□

BENEFICIARY'S SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□

PERCENTAGE AMOUNT(S)

%

1ST BENEFICIARY'S FIRST/LAST NAME

□□□□ - □□ - □□□□

%

2ND BENEFICIARY'S FIRST/LAST NAME

□□□□ - □□ - □□□□

%

3RD BENEFICIARY'S FIRST/LAST NAME

□□□□ - □□ - □□□□

%

4TH BENEFICIARY'S FIRST/LAST NAME

PERCENTAGE MUST TOTAL **100%**

I authorize my employer to deduct from my bi-weekly paycheck the total deduction amount for the Florida College Investment Plan account(s) listed above. I understand that I may cancel or change my payroll deduction at any time. If I cancel my payroll Deduction, terminate from employment, or if for any reason the deduction is not made by my employer as scheduled, I understand that I must submit my contribution(s) for the above account(s) directly to the Florida College Investment Plan.

EMPLOYEE'S SIGNATURE

DATE

**RETURN THIS FORM TO YOUR POST TAX BENEFITS OFFICE.**

**To be completed by Post-Tax Benefits Coordinator**

Payroll Deduction Code: 0267

\*Effective Warrant Date: \_\_\_\_\_

Department: \_\_\_\_\_

Date Initiated: \_\_\_\_\_ Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*ALLOW AT LEAST TWO WEEKS FOR PROCESSING.

PERSONNEL MUST SUBMIT A COPY OF THIS COMPLETED FORM TO:

**FLORIDA COLLEGE INVESTMENT PLAN**  
 P.O. BOX 6567 TALLAHASSEE, FL 32314-6567  
 FAX 850-309-1766  
 EMAIL: [PayrollDeduction@florida529plans.com](mailto:PayrollDeduction@florida529plans.com)