LOUISIANA'S START SAVING PROGRAM

PAYROLL DEDUCTION AUTHORIZATION FORM

START Saving Program PO Box 91271 Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626 Internet: www.startsaving.la.gov

Fax: (225) 612-6497

INSTRUCTIONS: To initiate deposits to your account or that owned by your spouse through payroll deduction, you must complete this form. THIS FORM MUST FIRST BE APPROVED BEFORE IT WILL BE FORWARDED TO YOUR EMPLOYER. Follow these instructions to complete this form. Type or print in ink. Enter your employer's complete company name, address, telephone number and Federal Tax Identification (ID) Number. If necessary, contact your payroll department to obtain your employer's Internal Revenue Service Federal Tax ID Number. If you have more than one account, enter the percentage of the total payroll deduction you wish to be deposited to each account. The percentages allocated to all accounts must equal 100%. Mail the completed form to the "START Saving Program," at the address shown above. If you need assistance in completing this form, call a Public Information and Communications Officer at the number shown above.

| NAMES OF THE ACCOUNT | NT OWNER AND EMPLOYER | R | | | |
|--|--|--|---|--|--------------|
| Account Owner's (Emplo Last | oyee's) Name (Print) First | Ac MI | Account Owner's Social Security Number | | |
| Employer's Name and N | flailing Address (Print) | Address | City | State | Zip |
| Employer's Telephone | | Employer's Federa | I Tax ID Number | | |
| PAYROLL DEDUCTION (| Check One) | | | | |
| New DeductionAmount to deduct from salPay Period or Date the pay | | t Deduction | Te | erminate Deduction | |
| ACCOUNT(S) IN WHICH | THE PAYROLL DEDUCTION | WILL BE DEPOSITED | | | |
| Beneficiary's Full Nam | | Account Number(s | Pe | ges entered must equa ercentage of Total Do to Each Beneficia Total 100% | eduction |
| I understand that these ins | T OWNER'S) AUTHORIZATION Structions will remain in effect of | ON until changed or cancelled | bv me. The STA | RT Saving Program is | |
| voluntary program, and I un change the deduction amo my employer to cancel any my heirs, successors, ager | nderstand that I am under no punt at any time upon notificating prior START Saving Programents and assigns, any and all ring, failure to deduct or any other | contractual obligation and ion to START Saving Prog n deduction forms on file. ights of action against the | , therefore, may c ram and my empl I hereby waive, or State of Louisiana | cancel this authorization loyer. I hereby author in behalf of myself, a, its agents, and assign. | on or ize |
| OFFICE USE ONLY: | Approved date: | Init | tials: | | |