

# CANON MEDICAL SYSTEMS USA, INC.

## COLLEGEBOUND 529 CONTRIBUTION FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Address: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

### CHANGES TO COLLEGEBOUND 529 PLAN CONTRIBUTIONS

The College Savings Plan is a tax-advantaged way to save for higher education for your child, yourself, or another family member. You can contribute after-tax dollars to a college savings account until your total account value (contributions and investment earnings) equals \$395,000.

**Your per pay period deduction:**

**Your Invesco Account Number:**

\$ \_\_\_\_\_

\_\_\_\_\_

**Stop Contributions:** \_\_\_\_\_ (Initial )

### YOUR APPROVAL

I understand that my contributions to my CollegeBound 529 Plan can only be used for educational expenses. I authorize payroll deductions to be withheld as contributions to my CollegeBound 529 Plan, as indicated above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**