

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 Rounting #: Your Invesco Account Number:

\$ _____

Stop Contributions

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