

OPT OUT FORM

I do not wish to have my child participate in the Learn to Save, Save to Learn program, which provides my child with a $50 college savings account. By completing this Opt Out Form, I acknowledge that the $50 initial deposit will be forfeited and that my child’s name will be removed from the active account list.

Student’s Name:

Student’s School:

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Completed form may be delivered to your student’s teacher or to the school:

Via Fax (973) 398-5046

Via Mail Hudson Maxim Elementary School

Attn: LSSL Program

PO Box 1029

Hopatcong, NJ 07843