

ScholarShare College Savings Plan
California State Employee Payroll Deduction Form
(excluding University of California and State Senate or Assembly)



- The employee must be the Account Participant or the Custodian for a Minor.
Complete this form to establish, change or cancel Payroll Deduction instructions on your ScholarShare account(s).
If you do not already have an account in the Plan, you will need to establish an Account at ScholarShare529.com or complete an Account Application and mail it with this form.
Payroll Deduction Instructions contained in this form will replace any previous instructions on file for the accounts listed below. To contribute to a new account and/or portfolio, you must include all of your existing Beneficiary account(s) and portfolio(s) on this form.
Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to ScholarShare College Savings Plan, P.O. Box 219185, Kansas City, MO 64121-9185. Do not staple.

To request assistance in completing this form call us at 1.800.544.5248, Monday through Friday from 8 a.m. – 7 p.m. PT.

1.800.544.5248
Monday to Friday 8 a.m. – 7 p.m. PT
www.ScholarShare529.com
Regular mailing address:
ScholarShare College Savings Plan
P.O. Box 219185
Kansas City, MO 64121-9185
Overnight mailing address:
ScholarShare College Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. State Employee Information

Note: The employee must be the Account Participant

Account Number form with 10 boxes and a dash separator

Employee Name (First name) form with 20 boxes and (M.I.) label

Employee Name (Last name) form with 20 boxes

Social Security Number form with 9 boxes and dashes

Employee Telephone Number form with 10 boxes and dashes

State Agency form with 20 boxes

Payroll Department Contact Name form with a long text box

Telephone Number form with 10 boxes and dashes

Extension (if any) form with 4 boxes



3. State Employee Authorization and Signature— YOU MUST SIGN BELOW

I understand that the payroll deduction amount deposited into my ScholarShare account(s) will be reduced by the collection of a nominal charge per pay period as required by the State Controller's Office. For the current rate, refer to the Miscellaneous — File Transfer charge at https://sco.ca.gov/ppsd_ded_charges.html.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the ScholarShare College Savings Plan Description and understand the rules and regulations governing the **ScholarShare College Savings Plan**. Further, I understand that none of the ScholarShare College Savings Plan, the State of California, the ScholarShare Investment Board, TIAA-CREF Tuition Financing, Inc., Ascensus College Savings Recordkeeping Services, LLC and its affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit. This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with the State of California.

SIGNATURE

Signature of State Employee

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Date (mm-dd-yyyy)

State Employee Checklist

Use this checklist to help you establish payroll deduction for your Plan Account(s). Read it carefully **before** completing this form.

- Be sure to include your Social Security Number or Taxpayer Identification Number in **Section 1**.
- Be sure that your total allocation equals 100%.
- Make a copy of this completed form for your records.
- Questions? Call toll-free **1.800.544.5248**, Monday through Friday from 8 a.m. – 7 p.m. PT.