

# ScholarShare College Savings Plan California State Senate and Assembly Only Payroll Direct Deposit Form



- The employee must be the Account Participant or the Custodian for a Minor.
- If you're updating your payroll amount per pay period, please update through your employer's self-service online tool if available.
- If you're changing the amount per beneficiary account, please login to your Account at **ScholarShare529.com** to update.
- After this form is processed, you will receive a **California State Senate and Assembly Only Payroll Direct Deposit Confirmation Form**, which you must sign and submit to your employer's payroll department or if your employer offers a self-service portal to set-up payroll direct deposit, you do not need to submit this confirmation to your employer, instead follow the routing instructions provided and enter into the portal. Your payroll direct deposit instructions will not take effect until your employer has processed your signed 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.
- For faster processing, you can complete this request online at **ScholarShare529.com**.
- 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. Employee Information

**Note:** The employee must be the Account Participant

–

Account Number

STATESENATEORSTATEASSEMBLY

Name of Employer

–  –

Social Security Number

–  –

Employee Telephone Number *(In case we have a question about your Account.)*

Payroll Department Contact Name

–  –

Telephone Number

Extension (if any)



\* C A S T A T E S E N A T E A N D A S S E M B L Y P A Y R O L L \*



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

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.

I further understand that there may be a nominal fee charged by the employer for the payroll deduction. 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 Employee

□□ — □□ — □□□□

Date (mm-dd-yyyy)

### State Senate or Assembly 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 give a copy of this form to your Payroll Coordinator, and mail the original to ScholarShare College Savings Plan, P.O. Box 219185, Kansas City, MO 64121-9185.**

- 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.

