ScholarShare College Savings Plan
University of California (UC) Payroll Deduction Form

ScholarShare**529**

- 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.

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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. UC Employee Information

Note: The employee must be the Account Participant

Account Number

Name of Employer: UNIVERSITY OF CALIFORNIA (UC)

Employee *(First name)* / *(M.I.)*

Employee *(Last name)*

Employee Social Security Number

Employee ID Number
(The ID number must be 8-digits.)

Location Code
(See UC Employee Checklist in Section 3.)

Employee Email Address

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

Payroll Department Contact Name

Telephone Number

Extension *(if any)*

* U C P A Y R O L L *

2. Payroll Deduction Instructions

Check one: ☐ Start Payroll Deduction   ☐ Change Amount   ☐ Stop Payroll Deduction *(Skip to **Section 3**)*

Deduct **$** ☐ **,** ☐☐☐ **.** **0** **0** from my paycheck (on an after-tax basis) each pay period and allocate the amount among my **ScholarShare College Savings Plan** Accounts as detailed below.

Please use an additional sheet if you have more than four Accounts.

☐☐☐☐☐☐☐☐☐ — ☐☐   **$** ☐ **,** ☐☐☐ **.** **0** **0**
Account Number   Dollar Amount

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Beneficiary *(First name)*   *(M.I.)*

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Beneficiary *(Last name)*

☐☐☐☐☐☐☐☐☐ — ☐☐   **$** ☐ **,** ☐☐☐ **.** **0** **0**
Account Number   Dollar Amount

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Beneficiary *(First name)*   *(M.I.)*

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Beneficiary *(Last name)*

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Account Number   Dollar Amount

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Beneficiary *(First name)*   *(M.I.)*

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Beneficiary *(Last name)*

☐☐☐☐☐☐☐☐☐ — ☐☐   **$** ☐ **,** ☐☐☐ **.** **0** **0**
Account Number   Dollar Amount

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Beneficiary *(First name)*   *(M.I.)*

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Beneficiary *(Last name)*

3. **UC 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 University of California.

SIGNATURE

Signature of UC Employee

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm-dd-yyyy)*

UC Employee Checklist

Use this checklist to help you establish payroll deduction for your Plan Account(s). Read it carefully before completing this form. **Mail it to ScholarShare College Savings Plan, P.O. Box 219185, Kansas City, MO 64121-9185.**

- Include your Social Security Number or Taxpayer Identification Number, Employee ID Number and Location Code in **Section 1.**

- Use this chart to find your Location Code.

ELIGIBLE LOCATIONS	**INELIGIBLE LOCATIONS**
01 – Berkeley	95 – Lawrence Livermore National Laboratory
02 – San Francisco	
03 – Davis	
04 – Los Angeles (1)	
05 – Riverside	
06 – San Diego	
07 – Santa Cruz	
08 – Santa Barbara	
09 – Irvine	
10 – Merced	
94 – Lawrence Berkeley National Laboratory	
97 – ASUCLA (2)	
98 – Hastings College of Law	

NOTES
(1) Including UCOP employees paid from UCLA.
(2) UCLA employees use code 04.

- 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.

◻TIAA