

4. Employee (Account Owner) Signature — YOU MUST SIGN BELOW

By signing below, I authorize my employer to remit payroll direct deposits to the above-stated Scholars Choice Education Savings Plan Account(s).

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description and understand the rules and regulations governing the **Scholars Choice Education Savings Plan**. Further, I understand that none of the Scholars Choice Education Savings Plan, CollegenInvest, the Colorado Department of Higher Education, Nuveen Securities LLC., 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 the Scholars Choice Education Savings Plan, or upon termination of my employment.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Employee Checklist

- Be sure to include your account number(s) for **each** Beneficiary listed on this form in **Section 3**.
- Your payroll direct deposit form will be rejected by the Scholars Choice Education Savings Plan in its entirety if your allocation for each Beneficiary does not equal 100%.
- Complete your payroll direct deposit set-up through your employer’s self-service portal or give a copy of the payroll direct deposit confirmation to your employer.
- Mail the original copy of this form to the Plan. It may take up to 10 business days from the receipt of this form before a payroll direct deposit can be accepted from your employer.