



SCHOLARSHARE
CALIFORNIA'S 529 COLLEGE SAVINGS PLAN

ScholarShare College Savings Plan
University of California (UC) Payroll Deduction Form
Questions? Call toll-free 1 800 544-5248
Or write to the Plan at PO Box 55205 Boston, MA 02205-5205
Visit www.ScholarShare.com

Instructions

- 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 complete an **Account Application** and mail it with this form.)
- 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.
- Your total allocation per pay period must equal 100%. (See Section 4 below.)
- Print in capital letters with blue or black ink.
- Mail form and any additional required documents to: ScholarShare College Savings Plan, P.O. Box 55205 Boston, MA 02205-5205.
- Forms may be downloaded at the Plan's web site at www.ScholarShare.com or you may call the Plan toll-free at 1.800.544.5248 to order forms, perform certain account transactions, or to get help completing a form .

1 What would you like to do? *(Check only one box.)*

- Establish my payroll deduction**
 Change the amount of my payroll deduction
 Change the allocation of my payroll deduction among Portfolios and/or Beneficiaries
 Cancel my payroll deduction

2 UC Employee Information

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Employee Social Security or Individual Taxpayer Identification Number

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Employee Name (First, MI, Last, Suffix)

University of California (UC)

Employer Name

* Location codes appear on the next page.

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*Location Code**

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Employee ID Number

3 Payroll Deduction Contribution Instructions *(You must complete all applicable parts of this section.)*

The minimum contribution per investment portfolio is waived at this time but a \$15 per investment portfolio per Beneficiary per pay period may be reinstated at any point in the future.

- ✓ **Tell us how much you would like to contribute per pay period.**

Contribution Amount per pay period: \$

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4 Payroll Deduction Allocation Instructions

Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

- ✓ **Tell us where to deposit your contributions.**

Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name <small>(Provide first and last name.)</small>	Account Number	Investment Portfolio Name <small>(Fund codes and names appear on the next page.)</small>	Percentage of each contribution
1.	UC		. 0 0 %
2.			. 0 0 %
3.			. 0 0 %
4.			. 0 0 %
5.			. 0 0 %
Total Allocation per Pay Period			1 0 0 . 0 0 %

5 UC Employee Authorization and Signature

I understand that my Account(s) will not be credited with my payroll deduction until the funds are received in good order by the Plan and that date on my payroll stub may not be the same date the deposit is credited to my Account(s). 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.

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UC Employee Signature

Date

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 the Plan at the address that appears below.**

- ✓ Include your Social Security Number or Taxpayer Identification Number, Employee ID Number and Location Code in Section 2.
- ✓ Use this chart to find your Location Code.

ELIGIBLE LOCATIONS	INELIGIBLE LOCATIONS
01 – Berkeley	94 – Lawrence Berkeley National Laboratory (3)
02 – San Francisco	95 – Lawrence Livermore National Laboratory (3)
03 – Davis	
04 – Los Angeles (1)	
05 – Riverside	
06 – San Diego	
07 – Santa Cruz	
08 – Santa Barbara	
09 – Irvine	
10 – Merced	
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%.
- ✓ Use the list below to select one or more of the following Investment Portfolios for each Account you own in Section 4.

Investment Portfolio Names (Portfolio numbers)		
Active Age Based Portfolio	Passive Age Based Portfolio	Index International Equity Portfolio (2951)
Active Diversified Equity Portfolio (2929)	Passive Diversified Equity Portfolio (2945)	Social Choice Portfolio (2933)
Active Growth Portfolio (2930)	Passive Growth Portfolio (2946)	Index Bond Portfolio (2950)
Active Moderate Growth Portfolio (2931)	Passive Moderate Growth Portfolio (2947)	Index U.S. Large Cap Equity Portfolio (2952)
Active Conservative Portfolio (2932)	Passive Conservative Portfolio (2948)	Index U.S. Equity Portfolio (2953)
Active Diversified Fixed Income (2935)	Passive Diversified Fixed Income Portfolio (2949)	Principal Plus Interest Portfolio (2954)
Active International Equity Portfolio (2934)		

- ✓ **Important:** If you are not the Participant, you must obtain the ScholarShare account number(s) from the Participant and provide the account number(s) for each Beneficiary in Section 4. If you do not include the account number(s), ScholarShare will be unable to credit your deductions to the account(s).
- ✓ Make a copy of this completed form for your records.
- ✓ **Questions?** Call toll-free 1 800 544-5248 (Monday – Friday from 5:00 a.m. – 8:00 p.m. PT).



Mail this form to:

ScholarShare College Savings Plan
P.O. Box 55205
Boston, MA 02205-5205
A13203 (09/13) WEB