ScholarShare College Savings Plan

University of California (UC) Payroll Direct Deposit Form



- The employee must be the Account Participant or the Custodian for a Minor.
- Complete this form to establish, change or cancel Payroll Direct Deposit 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 Direct Deposit 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 the address listed. 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. P1

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 920 Main Street, Suite 900 Kansas City, MO 64105-2017

					-				••••	u	ion																									
											_	. [1																					
Acco	ount	Numb	er									_			_																					
Acco	ount l	Partic	ipant	(Firs	t nar	me)																													_	
																																			$\neg \Gamma$	
Acco	ount l	Partic	ipant	(Las	t nan	ne)																														
] —					_	- [1]																					
Tele	phon	e Nur	nber ('In ca	se и	ve h	nave	a qu	est	ion a	abou	ıt yo	ur A	4 <i>ccc</i>	unt.,)																				
		1 T.	T	1					٦г	_		٦.	\neg		<u>-</u>				_	1			_	1		_		ı .	 •		¬ —	,		1		
	II	¬	1	1 -	п.	_			٦г	_		1	\neg				_		_	٦.			_	1		_		ı —	 _		- I	,		1 -		_
U Nam	N ne of		Ver	E	F	3	S			Τ	Υ			0	F			С	Α	L			F)	R	N		Д			(U	C)	
		Emplo		E	[F	3	S			T	Υ			0	F			С	Α				F			R	N		Δ			(U	<u>C</u>)	
Nam	ne of	Emplo	oyer			3	S			T	Υ			0	F			С	A			<u> </u>	F			R	N		Д			(U			
Nam	ne of	Emplo				3	S			T]	Υ			0] F			С	A				F			R	N		Δ			(U			
Nam	loyee	Emplo Emplo e (Firs	oyer t nam] [3	S			T	Y			0				С	A				F			R	N		A			(U			
Nam	loyee	Emplo Emplo e (Firs	oyer] [3	S			T	Y			0] [F			С	A				F			R	N		Δ				U			
Nam Emp Emp	loyee	Emplo	oyer I mam I name	e) e)						T	Y			0									F			R	N			tion			U			
Nam Emp Emp	loyee	Emplo	oyer t nam	e) e)						T	<u>ү</u>			0			impl		IDN				F			R	N			tion	Coo	de	U			
Nam Emp Emp	loyee	Emplo (Firse (Firse (Lase (Lase Soci	oyer t nam nam nam nam nam nam nam nam] [ee) [ee) [curit	V Nu					T	<u>Y</u>			0			mpl						F			R	N			tion	Cod	() de	U			
Nam Emp Emp	loyee	Emplo (Firse (Firse (Lase (Lase Soci	oyer I mam I name] [ee) [ee) [curit	V Nu					T	Y			0			- Impl						F			R				tion	Coo	() de	U			
Nam Emp Emp Emp	ne of loyee	Emploide Employer Emp	oyer t nam nam nam nam nam nam nam nam	e) curity] [mbo	er			T	Y						mpl	oyee			oer		F			R				tion] [Coo	(U			



Payroll Direct Deposit Instructions

Check one:		Start F	ayro	II Dir	ect	Dep	osits	8		CI	nang	e Aı	nou	nt			Sto	р	Pay	roll l	Dire	ct D	ерс	osits	s (Si	kip t	o Sa	ecti	on 4	!)
Deduct \$ ScholarSha	_, are Co	llene			0 Pla	fron	n my	pay	che	ck (c letai	n an led h	aft	er-ta	ax b	asis)) ea	ach _I	pay	у ре	riod	land	d allo	oca	te t	he a	amo	unt :	amo	ng n	ny
Please use a		-		_																										
Account Number	er] —												\$	Doll	, ar Ar	moun] [[0	0					
						7			٦٢							Г					1	7					1[7	7	
Beneficiary (Firs	st name)] [J [_	(M.I.)
Beneficiary (Las	st name)																													
Account Number	er] —												\$	Doll	ar Ar	moun] [[0	0					
Beneficiary (First	st name)																													(M.I.)
						7			٦												1						1	7	7	
Beneficiary (Las	st name)] [لـــاا																			_ _] [_	
Account Number	er] —												\$	Doll	ar Ar	moun	ıt].[0	0					
Beneficiary (First	st name)																													(M.I.)
Beneficiary (Las	st name)		,			,			_									,			, _									
Account Number	er					_												\$	Doll	, ar Ar	moun	_ ıt		0	0					
Beneficiary (First	st namel																													(M.I.)
	scrialile)		1	1	1	1	1	7	7									\neg			1		7				٦ <u>—</u>	¬_	7	(IVI.I.)
Beneficiary (Las	st name)								JL							L					JL	JL	_ []		JL	

4 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 <i>(mm-dd-yyyy)</i>

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 on the first page.**

- 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 02 - San Francisco 95 - Lawrence Livermore National Laboratory 03 - Davis 04 – Los Angeles (1) 05 – Riverside 06 - San Diego 07 - Santa Cruz 08 - Santa Barbara 09 - Irvine10 – 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%.
- Make a copy of this completed form for your records.
- ullet Questions? Call toll-free **1.800.544.5248**, Monday through Friday from 8 a.m. -7 p.m. PT.

