



ScholarShare College Savings Plan
California State Employee Payroll Deduction Form
 (excluding University of California and State Senate or Assembly)
Questions? Call toll-free 1 800 544.5248
 Or write to the Plan at P.O. Box 219185 Kansas City, MO 64121-9185
 Visit www.ScholarShare529.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.)
- Mail this form and any additional required documents to: ScholarShare College Savings Plan, P.O. Box 219185 Kansas City, MO 64121-9185.
- Forms may be downloaded at the Plan's web site at www.ScholarShare529.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, and then complete all applicable sections of this form.)

<input type="checkbox"/> Establish payroll deduction for the first time	<input type="checkbox"/> Change the total amount of payroll deduction	<input type="checkbox"/> Change the allocation among Portfolios and/or Beneficiaries	<input type="checkbox"/> Cancel payroll deduction
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2 State Employee Information

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State Employee Social Security or Individual Taxpayer Identification Number	Employee Contact Telephone Number
State Employee Name (First, MI, Last, Suffix)	
State Agency Name	

3 Payroll Deduction Contribution Instructions

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 the total amount you would like to contribute per pay period.**
Total Contribution Amount per period: \$, .

4 Payroll Deduction Allocation Instructions (You must complete all applicable parts of this section.)

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
CA	1.		. 0 0 %
	2.		. 0 0 %
	3.		. 0 0 %
	4.		. 0 0 %
	5.		. 0 0 %
	6.		. 0 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

5 State Employee Authorization and Signature *(You must sign exactly as your Account is registered.)*

I understand that the payroll deduction amount deposited into my ScholarShare account(s) will be reduced by the collection of a nominal charge per pay period as required by the State Controller's Office. For the current rate, refer to the Miscellaneous - File Transfer charge at https://sco.ca.gov/ppsd_ded_charges.html. I understand that my ScholarShare Account(s) may not be credited with my payroll deduction until the funds are received from the State Controller's Office and that date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with the State of California.

State Employee Signature

Date (Month/Date/Year)

State 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 include your Social Security Number or Taxpayer Identification Number and Employee ID Number in Section 2.
- ✓ Be sure that your total allocation equals 100%.
- ✓ Use the list below to select one or more Investment Portfolios for each Account you own in Section 4.

Investment Portfolio Names <i>(Portfolio numbers)</i>		
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:

Overnight Mail
 ScholarShare College Savings Plan
 430 W 7th Street Suite 219185
 Kansas City, MO 64105-1407

Regular Mail
 ScholarShare College Savings Plan
 P.O. Box 219185
 Kansas City, MO 64121-9185

