

5 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 the 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 state of California.

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Employee Signature

Date

State Senate or Assembly 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 give a copy of this form to your Payroll Coordinator, and mail the original 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.
- ✓ 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:

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:

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

