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) to which you are currently contributing 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 this 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

Employee Name (First, MI, Last, Suffix)

University of California (UC)

Employer Name
* Location codes appear on the next page.

Location Code*

Employee ID Number

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

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

Contribution Amount per pay period: $ ___ , ___ . **0 0**

✓ Tell us when to begin those contributions.
Unless otherwise indicated, your contributions will begin as soon as possible following receipt of all paperwork in good order, which could be up to 30 days from receipt of the form.

Effective Date (MM-20YY):   ___ - **2 0** ___

4   Payroll Deduction Allocation Instructions   *(Note: The payroll deduction minimum of $15 per investment portfolio per Beneficiary per pay period will be waived at this time, but may be reinstated at any point in the future.)*

✓ 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 (Provide first and last name.)	Account Number	Investment Portfolio Name (Fund codes and names appear on the next page.)	Percentage of each contribution		
			. 0	0	%
			. 0	0	%
			. 0	0	%
			. 0	0	%
			. 0	0	%
			. 0	0	%
Total Allocation Per Pay Period			1 0 0 . 0	0	%

5	**UC Employee Authorization**

I understand that the ScholarShare Account(s) listed in Section 4 may not be credited with my payroll deduction until the funds are received from my employer, and that the date on my payroll stub may not be the same date the deposit is credited to these Account(s). This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with the University of California (UC).

UC Employee Signature   _Date (month/date/year)_

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	**NOTES**
07 – Santa Cruz	(1) Including UCOP employees paid from UCLA.
08 – Santa Barbara	(2) UCLA employees use code 04.
09 – Irvine	
10 – Merced	
97 – ASUCLA (2)	
98 – Hastings College of Law	

✓ 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 listed 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:** You must provide the Plan account numbers for each Beneficiary Account listed in Section 4. If you are not the Participant on an Account listed in Section 4 and the account number is not listed, the Plan will be unable to process your request and your form will be rejected.
✓ Make a copy of this completed form for your records.
✓ _Questions?_ Call toll-free 1 800 544-5248 (Monday – Friday from 8:00 a.m. - 7:00 p.m. PST).

Mail this form to:

ScholarShare College Savings Plan
P.O. Box 55205
Boston, MA 02205-5205
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