



SCHOLARSHARE

CALIFORNIA'S 529 COLLEGE SAVINGS PLAN

ScholarShare College Savings Plan Direct Deposit Allocation 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 or change a Direct Deposit from your paycheck into your existing ScholarShare Account(s). **You may also need to complete a separate form, as required by your employer, before your direct deposit can be implemented.**
- Instructions contained in this form will replace any previous instructions on file for the Beneficiary account(s) listed below.
- Print in capital letters with blue or black ink.
- Submit a copy of this form to your employer.
- Mail the original form 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, then complete all sections of this form.)*

Establish Direct Deposit allocations

Change allocation

Increase/decrease amount or stop Direct Deposits

Do **not** submit this form to the Plan.
Contact your employer.

2 Employee Information

Participant Social Security or Taxpayer Identification Number

Employee ID Number (if required by your employer)

Participant Name (First, MI, Last, Suffix)

Employer Name

Employer Address

City, State, Zip

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Employer Contact Telephone Number

3 Direct Deposit 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.)*

Your employer will deduct the amount indicated below for each Beneficiary and remit the deducted amount(s) to the Plan on your behalf. Use the Investment Portfolio list on the next page to select one or more Investment Portfolios to allocate your contributions for each Beneficiary Account listed below.

Beneficiary Account 1	
Beneficiary Name:	
Account Number:	
Amount (per pay period):	\$.00
Effective Date:	

Investment Portfolio Number	Allocation
	.00%
	.00%
	.00%
	.00%
TOTAL	100.00%

Beneficiary Account 2	
Beneficiary Name:	
Account Number:	
Amount (per pay period):	\$.00
Effective Date:	

Investment Portfolio Number	Allocation
	.00%
	.00%
	.00%
	.00%
TOTAL	100.00%

Beneficiary Account 3	
Beneficiary Name:	
Account Number:	
Amount (per pay period):	\$.00
Effective Date:	

Investment Portfolio Number	Allocation
	.00%
	.00%
	.00%
	.00%
TOTAL	100.00%

4 Employee Authorization and Signature

By signing below, I authorize my employer to remit Direct Deposits to my *ScholarShare College Savings Plan* Account(s). I understand that the Account(s) will not be credited until the funds are received in good order by the Plan. I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the Plan and its agents to make adjustments to my Account(s) to correct such error, if requested to do so by the employer. This authorization will remain in effect until cancelled by me or by *ScholarShare*.

Employee Signature

Date (Month/Date/Year)

Employee Checklist

- Be sure to include the account number(s) for **each** Beneficiary listed on this form in Section 3. A separate direct deposit will be sent to the Plan for each Beneficiary account.
- Your Direct Deposit form will be rejected by ScholarShare in its entirety if your allocation for each Beneficiary does not equal 100%.
- Use the list below to select one or more of the following investment Portfolios for each Account you own:

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).
- Give a copy of this form to your employer or complete a Direct Deposit form provided by your employer.
- Mail the original copy of this form to the Plan. It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted from your employer.

Employer Checklist

The following information has been developed to help an employer remit Direct Deposit contributions to the Plan. Please read this Checklist carefully before sending funds to the Plan via ACH (Automated Clearing House) funds.

NOTE: If more than one Beneficiary account is listed in Section 3, the Plan must receive a separate ACH for each Beneficiary, including each Beneficiary's unique account number.

- Code the account type (i.e. deposit) as "checking".
- Remit the Direct Deposit to State Street Bank and Trust (**ABA number: 011000028**)
- Enter the account number, a **17-digit field** (do not use any dashes or spaces), as follows:
 - > The first 8 digits identify the Plan. (Use the Plan's **8-digit DDA number: 99058463**)
 - > The next 9 digits identify the Account. (Use the **9-digit account number**. If the employee account number is less than 9 digits, use "0"s as lead numbers to bring the employee account number to 9 digits.)
- It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted.
- 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