

3. State Employee Authorization and Signature— YOU MUST SIGN BELOW

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 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. This authorization will remain in effect until cancelled by me or by ScholarShare, or upon termination of my employment with the State of California.

Signature of State Employee

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Date (mm-dd-yyyy)

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 in **Section 1**.
- Be sure that your total allocation equals 100%.
- Make a copy of this completed form for your records.
- Questions? Call toll-free **1.800.544.5248**, Monday through Friday from 8 a.m. – 7 p.m. PT.