
4 SIGNATURE

By signing below, I authorize the State Controller to add, delete, or change the payroll deduction for the employee named in Section 1. I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for my contributions to my ScholarShare College Savings Plan Account. 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 ScholarShare Trust and its agents to make adjustments to my Account(s) to correct such error.

By signing below, I authorize the collection of a nominal charge of up to 25 cents per pay period as required by the State Controller's Office. I understand that the payroll deduction amount deposited into my ScholarShare College Savings Plan Account(s) will be reduced by this amount. I understand that my ScholarShare College Savings Plan 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 the ScholarShare Trust, or upon termination of my employment with the State of California.

Signature

Date (mm/dd/yy)

