



ScholarShare College Savings Plan

Direct Deposit Allocation Form

Questions? Call toll-free 1.800.544.5248
Or write to the Plan at P.O. Box 219185 Kansas City, MO 64121-9185
Visit www.ScholarShare529.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 the Plan and keep a copy for your records.
- Mail this form and any additional required documents to: ScholarShare College Savings Plan, P.O. Box 219185 Kansas City, MO 64121-9185. Forms may be downloaded at the Plan's web site at www.ScholarShare529.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, and then complete all sections of this form.)

<input type="checkbox"/> Establish Direct Deposit allocations	<input type="checkbox"/> Change allocation	<input checked="" type="checkbox"/> Increase/decrease amount or stop Direct Deposits Do <u>not</u> submit this form to the Plan. Contact your employer.
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2 Employee Information

<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Social Security or Taxpayer Identification Number	Employee ID Number (if required by your employer)
<input type="text"/>	
Employee Name (First, MI, Last, Suffix)	
<input type="text"/>	
Employee Email Address	
<input type="text"/>	
Employer Name	
<input type="text"/>	
Employer Address	
<input type="text"/>	
City, State, Zip	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E x t. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

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

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

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

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

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

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

4 Employee (Participant) 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 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. 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, or upon termination of my employment.

 Employee Signature Date

Employee Checklist

- ✓ Be sure to include your 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 3. 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 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