You may use this form to start, stop, or modify a payroll deduction for your ScholarShare® College Savings Plan Account(s). Most University of California employees should use this form. Do not use this form if you are a University of California Lab employee. If you are establishing payroll deductions for more than four ScholarShare College Savings Plan Accounts, please add a second form with additional entries and totals for all relevant categories. You must be the Participant on each of the 529 accounts designated on this form.

When you have completed this form, please provide your signature on page two and return it to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002. Your first payroll deduction will usually be made within 30 days after you have mailed in your completed form. If you have any questions, please call us anytime at 1-800-544-5248 or visit us at Fidelity.com/college.

1 EMPLOYEE INFORMATION

Name (first, middle initial, last) ___________________________ Social Security Number ___________________ Employee ID Number (required) ___________________

Street Address __________________ City ___________________ State _______ Zip ___________

Please provide your location in the space below. Refer to the Eligible Location codes below.

Location Code [ ]

Eligible Locations:

01 Berkeley 04 Los Angeles (1) 07 Santa Cruz 10 Merced
02 San Francisco 05 Riverside 08 Santa Barbara 97 ASUCLA (2)
03 Davis 06 San Diego 09 Irvine 98 Hastings College of Law

Ineligible Locations:

94 Lawrence Berkeley National Laboratory (3)
95 Lawrence Livermore National Laboratory (3)

Note:
(1) Including UCOP Employees paid by UCLA
(2) UCLA Employees use Code 04
(3) Use the regular Authorization for Automatic Payroll Deduction available at www.ScholarShare.com

2 EMPLOYER INFORMATION

University of California

Employer Name ___________________________  Company Subsidiary or Division Name if Applicable _______

3 PAYROLL INFORMATION (SELECT ONE)

Initiate payroll deduction for a ScholarShare College Savings Plan Account.

Please establish a total payroll deduction of $ _____ _____ _____ _____ per payroll period for the ScholarShare College Savings Plan Account(s) indicated below (minimum of $15 per month for each account). These are:

[ ] new account(s) I am establishing. [ ] existing Fidelity-managed 529 plan account(s).

New payroll contribution breakdown

<table>
<thead>
<tr>
<th>Name and Social Security # of Beneficiary</th>
<th>Account # (if existing account)</th>
<th>% of payroll deduction to each account</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____________________________________</td>
<td>________________________________</td>
<td>________</td>
</tr>
</tbody>
</table>
3 PAYROLL INFORMATION (CONTINUED)

Modify a current payroll deduction arrangement
Please modify my current payroll deduction according to the following instructions (select all that apply):

☐ Change my total pay period deduction* from $ ______ to $ ______.

*minimum of $15 per month for each account.

☐ Change the percentage allocation to my Beneficiary(ies) as shown below:

<table>
<thead>
<tr>
<th>Name and Social Security # of Beneficiary</th>
<th>Account #</th>
<th>Current pay period %</th>
<th>Future pay periods %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stop a current payroll deduction
Please stop the entire payroll deduction supporting my ScholarShare College Savings Plan Account(s).

4 SIGNATURE

By signing below, I authorize my employer and its agents to process periodic deductions from my paycheck for contributions to my ScholarShare Account(s). 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.

I understand that my ScholarShare Account(s) 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 my 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).

Signature ____________________________ Date (mm/dd/yy) ____________________________

Fidelity Investments

Fidelity Brokerage Services LLC, Member NYSE, SIPC

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1.838229.102