ONE D[®]NATION

Payroll Deduction Authorization Agreement

Employee: Complete this form to set up contributions by payroll deduction processed by One Donation. Payroll deduction contributions become the property of One Donation who then distributes your contributions to your desired non-profits.

Employer: Upon receipt of this completed Payroll Deduction Authorization Agreement, please use the information provided below to establish the amount of the payroll deduction for your employee and communicate it to your payroll provider. If you send in Enrollment Agreements for your employees, please include Authorization Agreements with those requesting payroll deduction.

Type of Transaction (check one)

New Deduction	Change Existing	Deduction	_ Stop Deduction
Employee Information			
First Name		Last Name	
Primary Phone Number (_Email Address _	
Employer Information			
Employer Name			
Employer Address			
City	State		Zip Code
Employer Phone Number (
Payroll Schedule			
Weekly Every t	wo Weeks	_ Twice a month	Monthly

Payroll Deduction Allocation

I, the undersigned employee, authorize my employer to deduct from my pay a total amount of per pay period. 100% of the deduction will be sent to One Donation who will then distribute in the designated percentages to the specified non-profits listed below. Percentages must be in whole numbers, not fractions, and total 100%.

Non-profit Name	Contribution Notes	Percentage of Total
-		- %
		%
		%
		%
		%
		$\overline{\text{Total} = 100\%}$

Authorization (You Must Sign Below)

1. I understand my contributions per non-profit in a calendar year generally may not exceed the applicable annual federal exclusion for a Participant or other contributors without incurring federal and state gift taxes. I also understand that all contributions are made post-tax and that I must consult my tax advisor for further information if needed.

2. I agree that my pay will be reduced in the manner I have specified above, and I affirmatively elect to have this amount contributed for the non-profits named above in accordance with the designation of contributions on record for the Account(s). I understand that if I wish to change the amount I am contributing each pay period, I must complete a new Payroll Deduction Authorization Agreement.

3. I understand that my employer will transmit the amount specified in this Authorization Agreement to the One Donation for processing in a timely manner after deduction is made.

4. I reserve the right to revoke this authorization by completing a new Payroll Deduction Authorization Agreement and selecting "stop deduction" or by written notice to my payroll department; however, I understand that such revocation shall not be effective until received and duly implemented by both my payroll department (or payroll provider, as applicable) and the One Donation. I agree that my employer will incur no liability for any losses that I may suffer as a result of my participation in the Program, and will not be responsible for any income or other taxes that I may incur as a result of my participation in the Program. I further understand that my employer may use the services of a financial advisor to offer the payroll deduction plan, but this financial advisor will not have the authority to make any Account changes.

6. This Authorization Agreement replaces any earlier agreement with my employer concerning participation with One Donation and will continue to be effective while I am employed and my employer makes the Program available through a payroll deduction plan, or until I revoke this authorization.

Signature of Participant	Date	/ /	1