



Enrollment Form

PERSONAL INFORMATION (please print)

Name _____

SSN _____ Date of Birth (DOB) _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

To add beneficiaries, please complete the Beneficiary Designation Form available at savingsplusnow.com.

Email Address _____

Paper Delivery: I elect to receive Savings Plus communications including my quarterly statement, newsletters, investment performance reports and confirmation notices through the US postal service. However, I understand that I may receive general information about the plan electronically via email. By not checking the box, I understand that I will receive my quarterly statements, newsletters and the Investment Performance Report electronically.

Payroll warrant/check issued by (select only one):

- State Controller's Office Joint Budget Committee/Legislative Analyst Office
 Assembly Rules Committee
 District Fair: _____ Senate Rules Committee

Pay frequency (select only one): Monthly Semi-Monthly

CERTIFICATION

- I authorize contributions as elected.
- A \$1.50 monthly administrative fee will apply to each plan.
- I understand that I may enroll in any plan and modify the amount I contribute at any time, subject to timing restrictions.
- I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.
- I understand my contribution(s) will initially be invested in the Target Date Fund based on my date of birth.



Participant Signature _____

Date _____

Once an account has been established, you may change or update your investment options by visiting savingsplusnow.com or calling (855) 616-4776.

PLAN SELECTION

There is a \$50 minimum monthly contribution per plan selection.

I elect to contribute to the following:

401(k) Pre-tax

\$ _____ or _____ % per paycheck

401(k) Roth

\$ _____ or _____ % per paycheck

457(b) Pre-tax

\$ _____ or _____ % per paycheck

457(b) Roth

\$ _____ or _____ % per paycheck

INVESTMENT OPTION

Your contribution(s) will initially be invested in the **Target Date Fund** based on your date of birth. For more information on the Target Date Funds, visit savingsplusnow.com or call (855) 616-4776.

SEND OR FAX COMPLETED FORM TO:

Nationwide
 PO Box 182797
 Columbus, OH 43218-2797
 Phone: (855) 616-4776
 Fax: (877) 677-4329



California Department of Human Resources Privacy Notice on Information Collection (rev. 7/16)

This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Savings Plus Program, is requesting the information specified on this form pursuant to California Government Code sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Administrative Service Provider (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at <https://www.calhr.ca.gov/pages/privacy-policy.aspx>.

Access to Your Information

Nationwide is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CalHRPrivacy@calhr.ca.gov or contact Nationwide at (855) 616-4776.

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