

PERSONAL INFORMATION (please print)

Name _____ SSN _____

Date of birth _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Email address _____

I want paper delivery:

I choose to receive Savings Plus communications, including quarterly statements, through the U.S. Postal Service. General plan information may still arrive via email. I understand my contribution(s) will initially be invested in the Target Date Fund based on my date of birth.

Unchecked boxes will receive e-delivery of all communications.



Scan to enroll online

PLAN SELECTION

There is a \$25 minimum monthly contribution per plan. I choose to deduct the following from my salary per pay period. I understand my contribution(s) will initially be invested in the Target Date Fund based on my date of birth.

401(k)
pre-tax \$ _____ or Roth \$ _____ or
_____ % per paycheck _____ % per paycheck

457(b)
pre-tax \$ _____ or Roth \$ _____ or
_____ % per paycheck _____ % per paycheck

Payroll issued by (select only one):

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

Pay frequency (select only one):

- Semimonthly
- Monthly

By signing this, I authorize contributions as elected. A \$6.00 administrative charge will be assessed quarterly to each plan.⁽¹⁾ A 0.01% asset-based fee will be assessed quarterly on the first \$600,000 of my account balance, capped at \$60.00 per quarter. I understand that I may enroll in any plan and modify the amount I contribute at any time. 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.

I hereby authorize my payroll office to deduct and transmit any deferral amount(s) for the plan(s) indicated above. I agree to use Savings Plus electronic systems to initiate account transactions. These electronic systems will require me to furnish information that confirms my identity as the sole person who is authorized to access my account. I am aware that information regarding Savings Plus, including fund fact sheets, my quarterly statements, and newsletters, is available online and through my secure account access at savingsplusnow.com. I understand the need to review my quarterly statements promptly each quarter and notify Savings Plus of any discrepancies.

¹New participant accounts may qualify for a four-quarter fee waiver after the initial voluntary contribution.

Participant signature

Date



Once an account has been established, you may change or update your investment options, contributions and beneficiary designations by visiting **savingsplusnow.com** or contacting (855) 616-4776.



INVESTMENT OPTION

Your contributions 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 contact (855) 616-4776.



SEND OR FAX COMPLETED FORM TO:

Nationwide
PO Box 182797
Columbus, OH 43218-2797
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, Cal HR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy

The information collected by Cal HR 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 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: Cal HR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CalHRPrivacy@calhr.ca.gov or contact Nationwide at (855) 616-4776.