



Purchase of Service Credit Request

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed, signed request.

1. Participant Information

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone type: Home Work Cell

2. Plan Type (select one - complete a separate form for each plan type)

401(k) 457(b)

3. Purchase Information

Payee (select one): CalPERS CalSTRS Other Government Pension Plan: _____

NOTE: Attach a copy of the certification form and election documents you received from CalPERS, or other Government Pension Plan. The completed certification form will be returned to you with the Purchase of Service Credit.

Pre-tax amount(s) to be withdrawn from your plan(s):

401(k) Plan:

100% of account balance

Specific dollar amount (select one option below)

Proportionately from all funds: \$ _____

From Specific Funds (please list funds):

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total Pre-tax 401(k) from specific funds: \$ _____

457(b) Plan:

100% of account balance

Specific dollar amount (select one option below)

Proportionately from all funds: \$ _____

From Specific Funds (please list funds):

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total Pre-tax 457(b) from specific funds: \$ _____

Total Pre-tax amount to be withdrawn from your Savings Plus account to purchase service credit: \$ _____

Overnight Delivery of check(s) to home address (no PO Boxes)

NOTE: a \$25.00 fee is deducted from your account for this option regardless of number of checks mailed.

Are you waiting for Lump Sum Separation Pay for the current tax year, the next tax year, or both? (select all that apply)

Current Tax Year Next Tax Year

NOTE: Refer to the Lump Sum Separation Pay Brochure for details.

4. Signature

I request a Purchase of Service Credit to be made in accordance with my election above. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

Participant Signature: _____ Date: _____

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 Services 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 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.

Mail the original document to Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 or fax to (877) 677-4329.