



# Enrollment Form

## PERSONAL INFORMATION (please print)

Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

To add beneficiaries, please complete the Beneficiary Designation Form available at [savingsplusnow.com](http://savingsplusnow.com).

Email Address \_\_\_\_\_

☐ **Paper Delivery:** I choose to receive Savings Plus communications, including my quarterly statement, newsletters, investment performance reports, and confirmation notices, through the US postal service. I understand that I may also receive general information about the plan via email. By not checking the box, I understand that I will receive all my communications via email.

### **Payroll issued by (select only one):**

- |  |   |
|--|---|
| <input type="checkbox"/> State Controller's Office | <input type="checkbox"/> Joint Budget Committee/Legislative |
| <input type="checkbox"/> Assembly Rules Committee  | <input type="checkbox"/> Analyst Office                     |
| <input type="checkbox"/> District Fair: _____      | <input type="checkbox"/> Senate Rules Committee             |

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

## CERTIFICATION

- I authorize contributions as elected.
- A \$6.00 administrative charge will be assessed quarterly to each plan.\*
- 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.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Once an account has been established, you may change or update your investment options by visiting [savingsplusnow.com](http://savingsplusnow.com) or contacting (855) 616-4776.

## PLAN SELECTION

There is a \$50.00 minimum monthly contribution per plan.

I choose 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](http://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

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

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 are all available online and through my secure account access at [savingsplusnow.com](http://savingsplusnow.com). I understand the need to review my quarterly statements promptly each quarter and notify Savings Plus of any discrepancies.

**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](mailto:CalHRPrivacy@calhr.ca.gov) or contact Nationwide at (855) 616-4776.