

Savings Plus Program

457 Deferred Compensation Rollover In Form
(From Other Entity to State of California)

Please read the information and instructions on the reverse side before completing this form.

SECTION I-Participant Information

Form with fields: Last Name, First Name, MI; Social Security Number (SSN); Street Address; Date of Birth (mm/dd/yyyy); City, State, ZIP Code; Daytime Telephone Number ( )

Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

SECTION II-Source of Funds

Is the source of funds pre-tax contributions from a qualified plan under Section 457 of the Internal Revenue Code? If "Yes," specify the plan name. If "No," you are ineligible to rollover funds into this plan.

Previous employer: \_\_\_\_\_

Trustee/custodian: \_\_\_\_\_

Obtain a check from the qualified plan's trustee or custodian, made payable to Bank One, for the benefit of the named participant. If you have received payment directly from the former qualified plan, submit a certified bank check made payable to Bank One. This check may also include the sum withheld by the former plan for the 20% federal tax.

SECTION III-Investment Information

By completing this form, you are authorizing the funds from your former employer's 457 Deferred Compensation Plan (457 Plan) to be initially deposited into the Savings Pool. Once the funds have been deposited into your account, you may exchange all or a portion of the funds to any other investment option(s) offered through Savings Plus.

SECTION IV-Enrollment Agreement

A. I elect to enroll in the following plan or plans:

- 401(k) Thrift Plan Amount \$\_\_\_\_\_ per pay warrant
457 Deferred Compensation Plan Amount \$\_\_\_\_\_ per pay warrant

Note: You may enroll in either or both plans. If you enroll in both plans, the deferral amount indicated or the minimum deferral of \$20.00 per pay warrant, as applicable, will separately post as deductions from your pay warrant. Please note that an administrative fee will apply for each plan.

B. Pay frequency (check one box only): Monthly Semi-Monthly

C. Payroll warrant/check issued by (check one box only):

- State Controller's Office District Agricultural Assoc. (Fairs) Assembly Rules Committee
CDFA/Marketing Council Senate Rules Committee Joint Legislative Budget Committee
California Exposition

Note: Checking the incorrect payroll office may delay the processing of this form.

## SECTION V—Participant Certification

Because of tax implications associated with making a rollover, I have been advised to consult with a tax advisor. I certify that I satisfy the requirements for making a tax-free rollover into a qualified plan. I certify that the funds associated with this rollover, which came from a qualified plan, were issued within the last 60 days.

I agree that if I am not already enrolled in the Savings Plus Program I will read the summary plan description and agree to all terms and conditions of the plan(s). It is my responsibility to obtain and read a copy of the prospectus or other disclosure information pertaining to the investment option(s) I select. I hereby authorize my payroll office to deduct and transmit any deferral amount that I subsequently elect for the plan(s) indicated.

I agree to use the 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 understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Signature

Date

## Information

This form initiates the deposit of your rollover funds into the Savings Plus 457 Deferred Compensation Plan. The rollover will be deposited into the Savings Pool. If you are not already enrolled with Savings Plus, this form initiates the process for enrolling in a 457 Plan and, if you choose, a 401(k) Thrift Plan (401(k) Plan). Submitting the form authorizes Savings Plus to establish an account for you. Within 10 business days of receipt of this form, you will be sent an information kit with instructions about changing future payroll deferrals and detailed information about investment funds and allocations. Savings Plus will not be held responsible for any delays in receiving the request. To change your deferral amount(s) or investment allocation(s) in the future, you can use the Web site at [www.sppforu.com](http://www.sppforu.com) or use the Voice Response System (VRS) or speak to a customer service representative at (866) 566-4777.

If this form is processed on or before the 15th day of any month, you will have an account established by the 25th day of that month. You have until 1:00 p.m. (PT) on the last business day of that month to use the Savings Plus electronic system(s) to start your payroll deferral for the next payroll cycle and to elect your investment option(s). For example, if your initial deferral and investment option(s) election are completed by 1:00 p.m. (PT) on September 30 (the last business day of the month), your deferral(s) will begin with the October **pay period**. (For most employees this period is reflected in the warrant/check you receive in early November).

*The Savings Plus Investment Guide* and summary plan description are available online at [www.sppforu.com](http://www.sppforu.com) or by calling the VRS at (866) 566-4777. To speak to a customer service representative, press \*0 after calling the VRS.

## Instructions

### SECTION I—Participant Information

Complete the information requested. *Note:* Your current address must be on file with your departmental personnel office because that address is where all Savings Plus materials will be sent.

### SECTION II—Source of Funds

Complete the information requested. The “Yes” box must be checked to proceed.

### SECTION III—Investment Information

Read carefully.

### SECTION IV—Enrollment Agreement

- A. Indicate the amount per pay warrant and check if you wish to enroll in the 401(k) Plan.
- B. Check if you are paid monthly or semi-monthly. Check one box only.
- C. Check which payroll office issues your payroll warrant/check. Check one box only.

### SECTION V—Participant Certification

Read carefully, sign, and date the form.

### Mail the original form (do not fax) to:

Savings Plus Program  
1800 15th Street  
Sacramento CA 95814-6614

## Contact Information

Voice Response System: (866) 566-4777, 24 hours a day, 7 days a week

Customer Service: (866) 566-4777, 8:30 a.m.–4:00 p.m. (PT), Monday–Friday  
To speak with a customer service representative, press \*0.

Office: 8:00 a.m.–5:00 p.m. (PT), Monday–Friday

TTY: (800) 848-0833

Web site: [www.sppforu.com](http://www.sppforu.com)