

# STATE OF CALIFORNIA SAVINGS PLUS PROGRAM

## Enrollment Agreement

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

### Section I

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MI</i>	<i>SOCIAL SECURITY NUMBER</i> — — — — —
<i>ADDRESS</i>			<i>DATE OF BIRTH</i> MONTH DAY YEAR
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>DAYTIME TELEPHONE NUMBER WITH AREA CODE</i> ( )

**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. Information requested on this form is used by the Savings Plus Program for purposes of information and account processing and will be kept confidential in accordance with the Information Practices Act. It is mandatory that you furnish all information requested on this form. Failure to provide such information may result in actions requested not being processed.

### Section II

**A. I elect to enroll in:**                       *401(k) Thrift Plan*                       *457 Deferred Compensation Plan*  
**Note: You may enroll in either or both plans**

**B. Pay Frequency:**                               *Monthly*                                       *Semi-Monthly*

**C. Payroll Warrant/Check Issued By:**     *State Controller's Office*                       *Senate Rules Committee*  
 *CDFA/Marketing Council*                       *Assembly Rules Committee*  
 *California Exposition*                               *Joint Legislative Budget Committee*  
 *District Agricultural Assoc.*  
*(Fairs)*

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

### Section III

**Acknowledgement:** *Prior to activating my account (selecting my deferral amount), I agree to read the Summary Plan Description (Getting Started in Savings Plus handbook) 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 the State Controller or other payroll office to deduct and transmit any deferral amount I subsequently elect as the plan(s) indicated above.*

*To initiate salary deferral and select my investment option(s), I agree to use the Voice Response Unit (VRU) or Savings Plus Website. I agree to establish a Personal Identification Number (PIN) and be responsible for safeguarding my PIN against use by others. These electronic systems will require me to furnish information confirming my identity as the sole person authorized to access my account.*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

## INFORMATION

*This form initiates the process to enroll in a 401(k) and/or 457 plan with the Savings Plus Program (SPP). Submitting it authorizes Savings Plus to establish an account for you, but it does not authorize the amount of your paycheck deductions to go into this account nor set up your investment choices. To begin paycheck deductions ("salary deferrals") and select your investment option(s), you will be sent an information kit with instructions for completing this process after we receive your signed Enrollment Agreement. This kit will be sent within 10 business days.*

*If your Enrollment Agreement is processed on or before the 15<sup>th</sup> day of any month, you will have an account established by the 25<sup>th</sup> day of that month. You have until 1:00 p.m. (Pacific Standard Time) on the last business day of that month to access the SPP Voice Response Unit (VRU) or Website to start your payroll deduction and choose your investment option(s). For example, if your initial deferral and investment selection is completed by 1:00 p.m. on September 30 (the last business day of the month), your deferrals will begin with the October **pay period** (the check you receive in early November).*

*The Summary Plan Description (Getting Started in Savings Plus handbook) providing program highlights is available online at the SPP Website. It will also be included in the information kit mentioned above.*

## INSTRUCTIONS

- 1. Section I: Fill out all information. Type or print clearly. It is important that your current address is on file with your departmental personnel office, as that address is where all Savings Plus materials, including your information kit, will be sent.*
- 2. Section II:*
  - a. Indicate which plan(s) you wish to enroll in.*
  - b. Indicate if you are paid monthly or semi-monthly.*
  - c. Indicate which payroll office issues your payroll warrant/check.*
- 3. Section III: Carefully read the participant acknowledgement. Sign and date the form. Return this form to the Savings Plus Program at the address below.*

## CONTACT INFORMATION

<i>Voice Response Unit (VRU):</i>	<i>(866) 566-4777 24 hours a day, 7 days a week</i>
<i>SPP Website:</i>	<i><a href="http://www.sppforu.com">www.sppforu.com</a> 24 hours a day, 7 days a week</i>
<i>Customer Service:</i>	<i>(866) 566-4777 available 8:30 a.m. – 4:00 p.m., Monday – Friday, to speak with a customer service representative, press *0.</i>
<i>DPA Website:</i>	<i><a href="http://www.dpa.ca.gov">www.dpa.ca.gov</a></i>
<i>SPP Office:</i>	<i>Open 8:00 a.m. – 5:00 p.m., Monday – Friday</i>
<i>TDD:</i>	<i>(916) 327-4266</i>

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Department of Personnel Administration  
Savings Plus Program  
1800 15<sup>th</sup> Street  
Sacramento, CA 95814-6614

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