

Lump-Sum Separation Pay Transfer

Make two copies. Send the original to personnel, keep a copy for yourself, and mail or fax a copy to Savings Plus (if Section II-A is checked for enrollment.)
Submit to personnel at least 30 days prior to separation.

SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)
Mailing Address	Date of Birth (mm/dd/yyyy)
City, State, ZIP Code	Separation Date (mm/dd/yyyy)
Daytime Telephone Number ()	Alternate Contact 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. Information requested on this form is used by Savings Plus for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

SECTION II—Enrollment Information

A. Check the plan in which you wish to enroll. You may enroll in one or both plans.

☐ 401(k) ☐ 457 OR ☐ I already have an account

B. Enter the amount you wish to contribute per month:

401(k) Contribution Amount	457 Contribution Amount
\$ _____	\$ _____

C. Payroll warrant/check issued by (check on 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 (CalExpo) Legislative Analyst Office

D. Enter pay frequency:

☐ Monthly ☐ Semi-Monthly

SECTION III—Contribution Information

A. Write the amount you will contribute to each plan this year. Don't include the lump sum separation pay you will contribute.

401(k) \$ _____ 403(b) \$ _____ 457 \$ _____

B. Write the amount you plan to contribute from your lump sum separation pay below:

401(k)	Amount	403(b)	Amount	457	Amount
Tax Year _____	\$ _____	Tax Year _____	\$ _____	Tax Year _____	\$ _____
Tax Year _____	\$ _____	Tax Year _____	\$ _____	Tax Year _____	\$ _____

SECTION IV—Participant Certification

I authorize Savings Plus to open an account for me according to my request as outlined in Section II of this form.

I request a transfer of lump sum separation pay be made in accordance with the Plan Document, Internal Revenue Code, and my election above. I take full responsibility for providing these instructions and understand the terms and conditions of deferring all or a portion of my lump sum separation pay. If applicable, I have attached a copy of my approved Savings Plus catch-up worksheet.

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

SECTION V—Personnel Office Use Only

Refer to SCO Personnel Letters applicable to Lump Sum Pay for instructors on completing the separation PAR. **Attach** this request with a copy of the separation PAR and, if applicable, the approved Savings Plus catch-up worksheet from the employee. Retain a copy with the employee file. **Do not** submit a copy to Savings Plus.