

**STATE OF CALIFORNIA—SAVINGS PLUS PROGRAM**  
**Part-Time, Seasonal, and Temporary Retirement Plan**  
**Benefit Payment Application**

**SECTION I – PARTICIPANT INFORMATION**

Last Name First Name MI		Social Security Number
Street Address		Date of Birth (mmddyyyy)
City, State, Zip Code	Telephone Number with Area Code	Retirement/Separation Date (mmddyyyy) OR CalPERS Eligible Date

**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 (SPP) for purposes of identification and account processing. It is mandatory that you furnish all information requested on this form. Failure to provide the information may result in the action requested not being processed.

**SECTION II - PAYMENT METHODS (CHECK ONE BOX ONLY)**

<input type="checkbox"/> Direct Payment	100% of account balance to be distributed to you. Payment will be reported to the IRS as ordinary income. A 1099-R will be issued by January 31 <sup>st</sup> of the following year for tax reporting purposes. (Skip to Section IV).
<input type="checkbox"/> Direct Rollover to SPP 457 DCP	<p>I elect to enroll in:    <input type="checkbox"/> 401(k) Thrift Plan    <input type="checkbox"/> 457 Deferred Compensation Plan</p> <p>Pay Frequency:    <input type="checkbox"/> Monthly    <input type="checkbox"/> Semi-Monthly</p> <p>Payroll Warrant/Check Issued By:</p> <p><input type="checkbox"/> State Controller's Office    <input type="checkbox"/> Senate Rules</p> <p><input type="checkbox"/> CDFA/Marketing Council    <input type="checkbox"/> Assembly Rules Committee    <input type="checkbox"/> California Exposition</p> <p><input type="checkbox"/> Joint Legislative Budget Committee    <input type="checkbox"/> District Agricultural Assoc. (Fairs)</p> <p>Note: Check only one box, incorrect payroll office may delay processing</p>
<input type="checkbox"/> Direct Rollover to Another Entity	100% of the account balance to be transferred to another entity. Complete Section III below.

**SECTION III – ENTITY INFORMATION AND CERTIFICATION**

Certification of Authorized Agent of Eligible Plan Accepting Funds	Attach a certification form from the receiving entity agreeing to accept 457 funds or have entity sign the certification below. "This is to certify that we agree to accept a transfer of funds from the State of California Savings Plus Program 457 Deferred Compensation Plan."	
	_____	_____
	Accepting Entity Authorized Agent	Date
Check the type of plan where your funds will be rolled over to (choose only one)	<input type="checkbox"/> Direct Rollover to IRA (above certification not required) <input type="checkbox"/> Direct Rollover to IRC Section 457 Plan <input type="checkbox"/> Direct Rollover to IRC Section 401(k) Plan <input type="checkbox"/> Direct Rollover to IRC Section 403(b) Plan	If you are age 70 1/2 or older and elect to roll over your funds, the annual required minimum distribution will be paid directly to you before the funds are rolled over to the other entity.
The rollover check will be made payable to the Trustee/Custodian for your benefit. The check will be mailed directly to the Trustee/Custodian.	Name of Trustee/Custodian	
	Mailing Address	
	City, _____	State, _____ Zip Code _____
	Account Number	

**SECTION IV - PARTICIPANT CERTIFICATION**

"I request distribution to be made in accordance with the Plan regulations and my election above. I understand it is within the authority of the State of California to approve or disapprove this request. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. I certify that I have received and read the "Special Tax Notice Regarding Plan Payments, 402(f)."

Signature _____	Date _____
-----------------	------------

## INFORMATION

The Economic Growth and Tax Relief Reconciliation Act of 2001 allows for rollovers from PST Plans to 401(k) Plans, 403(b) Plans and Individual Retirement Accounts, so long as the receiving entities will accept 457 funds. Before the Savings Plus Program can process a roll over, certification by the receiving entity must be attained. The certification must be received and attached to the PST Benefit Payment Application.

You are eligible for a distribution after you retire or separate from all state employment, or have attained CalPERS eligibility. Eligibility will be verified before payment is issued. Payments will be issued 90-120 days after your last contribution posts. Your payment will be mailed to the address you provide on this application.

Distributions from your PST Plan paid directly to you will be reported as a taxable event to the IRS. Distributions for a direct roll over will be reported as a non-taxable event to the IRS. The recordkeeper will mail you a 1099-R by January 31<sup>st</sup> of the year following distribution.

If you wish to transfer your PST account to purchase CalPERS or CalSTRS Service Credit, do not use this application. You must first, contact CalPERS at (800) 352-2238 or CalSTRS at (800) 228-5453 to request information regarding the purchase of service credit and for the dollar amount of your service credit purchase. Second, complete the *457 Deferred Compensation or Part-Time, Seasonal, Temporary Plan Purchase of Service Credit Form*. This form is available on the SPP Web site or by calling our automated Voice Response System. This form will also provide additional information and instruction on how to complete the process.

### RETURN THIS APPLICATION TO:

SAVINGS PLUS PROGRAM  
PST RETIREMENT PLAN  
1800 15<sup>TH</sup> STREET  
SACRAMENTO, CA 95814-6614

### CONTACT INFORMATION

Voice Response System (VRS):  
Customer Service:

(866) 566-4777 24 hours a day, 7 days a week  
8:30 a.m. - 4:00 p.m. (PT), Monday - Friday.  
To speak with a customer service representative, press \*0.  
Open 8:00 a.m. - 5:00 p.m. (PT), Monday - Friday  
(916) 327-4266  
(916) 327-1885  
[www.sppfori.com](http://www.sppfori.com)

SPP Office:

TDD:

Fax:

SPP Web site: