

**PERSONAL INFORMATION** (please print clearly)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF HIRE (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL DISTRICT PLAN NAME: \_\_\_\_\_ SCHOOL DISTRICT PLAN NUMBER: \_\_\_\_\_

**INVESTMENT ALLOCATION OF CONTRIBUTIONS**

Please refer to the Plan Highlights and Fund Fact Sheets located at **Pension2.com** for additional information about the CalSTRS Pension2 Program, the Easy Choice Portfolios, Voya Fixed Plus III and the mutual fund investment options. The Investment Allocation of Contributions elected below will apply to all contribution sources. Eligibility to receive Employer Contributions under the plan is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions.

If you do not designate fund elections or elections do not total 100%, your investment allocation will default 100% to the Voya Fixed Plus III<sup>1</sup>. Please check only **ONE** of the two options below in this section:

**ELECTION A - EASY CHOICE PORTFOLIO**

By selecting an Easy Choice Portfolio you are designating 100% of your contributions to that particular portfolio. You also agree to have your elections rebalanced periodically in order to stay within the investment percentages of the portfolio you have chosen. *(The CalSTRS Pension2 Easy Choice Portfolios are created by CalSTRS from the list of investment options below, in conjunction with its Financial Planning Consultant.)*

If you would like to keep things simple, answer two questions.

1. When will you retire: (Check the box that best defines your expected retirement year)

- 2050+     2040     2030     2020     RETIRED

2. What type of investor are you: (Check the appropriate box)

- CONSERVATIVE     MODERATE     AGGRESSIVE

OR

**ELECTION B - BUILD YOUR OWN PORTFOLIO**

If you prefer to choose among investments in different asset classes and develop your own portfolio to match your time horizon and tolerance for assuming risk, consider a "build your own portfolio" strategy. Allocations must equal 100%. If your selection is invalid or unclear, your contributions will be automatically invested for you in the Voya Fixed Plus III<sup>1</sup>.

VOYA FIXED PLUS III <sup>1</sup>	_____ .00%	VANGUARD SMALL CAP INDEX	_____ .00%
FEDERATED US TREASURY CASH	_____ .00%	VANGUARD MID CAP INDEX	_____ .00%
VANGUARD TOTAL BOND MARKET	_____ .00%	GMO GLOBAL EQUITY ASSET	_____ .00%
VANGUARD SHORT-TERM BOND INDEX	_____ .00%	VANGUARD EMERGING MARKETS	_____ .00%
VANGUARD INFLATION PROTECTED	_____ .00%	VANGUARD DEVELOPED MARKETS	_____ .00%
VANGUARD TOTAL STOCK MARKET	_____ .00%	DODGE AND COX INTERNATIONAL	_____ .00%
VANGUARD INSTITUTIONAL INDEX	_____ .00%	DFA INTERNATIONAL SMALL CO	_____ .00%
TIAA-CREF SOCIAL CHOICE EQUITY	_____ .00%	ARTISAN INTERNATIONAL	_____ .00%
DODGE AND COX STOCK	_____ .00%	VANGUARD REIT INDEX	_____ .00%
AMERICAN GROWTH FUND	_____ .00%	PIMCO ALL ASSET	_____ .00%
		<b>Total Percent of Investment Allocation Must Equal</b>	<b>100%</b>

<sup>1</sup> Voya Fixed Plus III is offered through a group annuity contract by Voya Retirement Insurance and Annuity Company, P.O. Box 990063, Hartford, CT 06199-0063

**SALARY REDUCTION AGREEMENT**

Effective with respect to amounts paid or otherwise made available on or after \_\_\_\_\_, 20\_\_\_\_, which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount indicated below. At the same time, the Employer may contribute a corresponding amount to the Employee's annuity contract(s) or custodial account(s) maintained under the eligible Internal Revenue Code Section 457 Deferred Compensation Plan, under which the Employee may allocate among the investment options approved by CalSTERS Pension2.

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement as of the first pay period commencing with or during the first month following receipt of satisfactory written notice of such modification or termination by giving at least seven (7) days' written notice so that this Agreement will not apply to amounts subsequently paid or otherwise made available.

The amount of the salary deferral shall be as follows:

\$\_\_\_\_\_ per pay period

The amount deferred hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 401(v).

**PARTICIPANT AUTHORIZATION**

I understand that:

An election made on my 457 participation agreement applies only to compensation paid or made available no earlier than the first day of the calendar month after the calendar month in which the participant agreement is signed.

By completing this form you are directing CalSTRS to allocate funds to investment options offered by the CalSTRS Pension2 457Program. All of your rights under these funding vehicles are subject to the terms of the CalSTRS Pension2 Program, your school district's 457, and the distribution restrictions under the Internal Revenue Code. CalSTRS may decide to cease offering any of these funding vehicles as allocation options under the plan and, should CalSTRS decide to do so, you may be required to transfer your accumulations in such plan funding option to another funding option.

I have read and acknowledge all provisions to this form. I acknowledge that I have received and reviewed the Plan Highlights and Fund Fact Sheets located at **Pension2.com** which contain additional information about the CalSTRS Pension2 Program, the Easy Choice Portfolios, Voya Fixed Plus III and the mutual fund investment options. I certify under penalty of perjury under the laws of the State of California that the Social Security number provided by me is my correct Social Security number.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and Social Security numbers from individuals. Information requested on this form is used by CalSTRS, Active Financial Choices for the purposes of identification. Legal references authorizing solicitation and maintenance of this personal information include Education Code Sections 24950 and 24975, Government Code Sections 1151 and 1153, and Title 26, United States Code (Internal Revenue Code) Sections 6011 and 6051. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in the enrollment action not being processed. Information requested on this form may be shared with the record-keeper, school district and school district's contracted Third Party Administrator in conjunction with guidelines established by the Internal Revenue Service in accordance with 457 plans. Copies of the CalSTRS Pension2 Enrollment Form are maintained in confidential files of CalSTRS' contracted supplemental savings plan administrator for five years. Enrollees have the right of access to their enrollment forms upon request. The agency official responsible for maintenance of the forms is: California State Teachers' Retirement System, P.O. Box 15275 MS-44, Sacramento, CA 95851-0275.*

Please submit your completed form to:

**FAX DELIVERY:**

CalSTRS Pension2 Plan Administration  
1-888-814-5862

**REGULAR MAIL DELIVERY:**

CalSTRS Pension2 Plan Administration  
P.O. Box 24747  
Jacksonville, FL 32241-4747

**OVERNIGHT DELIVERY:**

CalSTRS Pension2 Plan Administration  
8900 Prominence Parkway  
Jacksonville, FL 32256

If you have any questions, please contact a Customer Service Associate at 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online at **Pension2.com**. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

Please return completed form to Edwina Cardenas at Diversity and Human Resources RCCD by mailing or emailing to:

Human Resources and Employee Relations  
3801 Market Street, 2nd Floor  
Riverside, CA 92501  
Edwina.cardenas@rccd.edu  
(951) 222-8136