



CalSTRS Pension2 457(b) SALARY REDUCTION AGREEMENT

PERSONAL INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: ____-____-____
DATE OF BIRTH: _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____

457(b) SALARY REDUCTION ELECTION

I hereby authorize my employer to reduce my compensation (as defined in the 457(b) plan (the Plan)) by the amounts below and to apply such amount each pay period toward the purchase of the funding vehicle(s) offered by CalSTRS Pension2. I understand that this election applies only to compensation paid or made available after the date that this Agreement is signed. I further understand that this Agreement is irrevocable with respect to compensation paid and shall supersede any prior Agreement between my employer and me under the Plan.

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.

Pre-Tax Deferral \$_____ (per pay period)

PARTICIPANT AUTHORIZATION

I understand that:

An election made on my 457(b) salary reduction agreement applies only to compensation paid or made available after the date that the 457(b) salary reduction agreement is signed.

By completing this form you are directing CalSTRS to allocate funds to investment options offered by the CalSTRS Pension2 457(b) Program. All of your rights under these funding vehicles are subject to the terms of the CalSTRS Pension2 Program, your school district's 457(b) plan, 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 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 403(b) 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.

RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT