COVERSHEET - LUMP SUM SEPARATION PAR PACKAGE

l.	TO:	State Contro	oller's Office	Date: <u>11/01/24</u>
II.	 □ PAR □ PAR □ 1st T ⊠ 2nd 	for <u>cash only</u> for <u>current tax</u> ax Year PAR c Tax Year PAR	his PAR package? (select one): (when SCO must key) (year only with Savings Plus Contribution of a two-tax year PAR Package with Savin of a two-tax year PAR Package with Savin tion only; EE is not deferring any amount	ngs Plus Contribution ings Plus Contribution
III.	☑ Elect☑ PAR☑ 457(I☑ Tradi	ion Form o) Traditional (tional Catch-U	PAR package? (select all that apply) Catch-Up Approval Letter (Note: If the EE Ip Approval Letter, be sure the EE include Election Form.)	` ,
IV.	FROM:			
	Agency:	Name:	State Controller's Office	Agency Code: 051
	Contact:	Name:	Joan Garibay	Phone: <u>916-111-1111</u>
	Universal	Email:	SCOPersonnelTransactions@sco.ca.go	<u>0V</u>
V.	EE's:	SSN:	111-11-9999	
	EE's:	Name:	Tom Fong	
VI.	Message:			
	Employee s	elected custor	n deferral option with 457 traditional cate	h-up approval attached.

Do not enter employee contribution amounts on this coversheet. Those amounts must be indicated on the Savings Plus Lump Sum Separation Pay Contribution Election Form submitted with the PAR package.

Please refer to the <u>Statewide Customer Contact Center</u> (SCCC) at (916) 372-7200 for further assistance, or visit the SCO website for additional contact information.

- o For guestions related to PARs, follow the prompts for Civil Service Audits.
- For questions related to payroll or contribution amounts, follow the prompts for Civil Service Payroll.

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Return completed forms to your personnel specialist

Lump Sum Separation Pay Contribution Election Form

Submit this completed form to your personnel office at least 30 days prior to separation from service. Be sure to keep a copy for your records.

Note: Your election is irrevocable, and this form cannot be changed, amended, or revoked once submitted to your personnel office.

	Last Name, First Name, MI					
<u>N</u>	Fong, Tom					
RMAT	Mailing Address					
SECTION 1: PARTICIPANT INFORMATION	123 Controller Lane					
ANT	City, Sta	ate, ZIP	Daytime Telephone Number			
TICIP,	Sacra	mento	916-111-1234			
PAR	Separat	ion Date (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)			
i NO	12/01/	/2024	03/01/1970			
SECTI	Please p	Please provide your personal email address so that your department can contact you.				
•						
	TomF	ong@email.com				
	Select	a box below to indicate how you would like yo	ur Lump-Sum Separation Pay processed. If no box is			
JEST	Select select	a box below to indicate how you would like yo ed, your Lump-Sum Separation Pay contribution	ur Lump-Sum Separation Pay processed. If no box is on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up.			
REQUEST	Select select	a box below to indicate how you would like you woul	on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up.			
ION REQUEST	Select select	a box below to indicate how you would like you ted, your Lump-Sum Separation Pay contribution projected amount exceeds standard contribution Full Deferral Option: I would like to have 100% according to the default hierarchy, in the follow	on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up. 6 of my Lump-Sum Separation Pay processed wing order: (1) Current year 457(b) pre-tax, (2)			
LECTION REQUEST	Select select	a box below to indicate how you would like you ted, your Lump-Sum Separation Pay contribution projected amount exceeds standard contribution Full Deferral Option: I would like to have 100% according to the default hierarchy, in the follow	on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up. 6 of my Lump-Sum Separation Pay processed wing order: (1) Current year 457(b) pre-tax, (2) (3) following year 457(b) pre-tax and (4) following			
12: ELECTION REQUEST	Select select	a box below to indicate how you would like you ded, your Lump-Sum Separation Pay contribution projected amount exceeds standard contribution Full Deferral Option: I would like to have 100% according to the default hierarchy, in the follow current year 401(k) pre-tax, and if applicable, year 401(k) pre-tax. If you check this box, please	on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up. 6 of my Lump-Sum Separation Pay processed wing order: (1) Current year 457(b) pre-tax, (2) (3) following year 457(b) pre-tax and (4) following ase move to Section 4.			
SECTION 2: ELECTION REQUEST	Select select	a box below to indicate how you would like your ded, your Lump-Sum Separation Pay contribution projected amount exceeds standard contribution Full Deferral Option: I would like to have 100% according to the default hierarchy, in the follow current year 401(k) pre-tax, and if applicable, year 401(k) pre-tax. If you check this box, please Custom Deferral Option: I would like to contribution Sum Separation Pay contribution as shown in Sum Separation Pay contribution P	on will automatically be processed using Option 1 below on limits, consider applying for Traditional Catch-Up. 6 of my Lump-Sum Separation Pay processed wing order: (1) Current year 457(b) pre-tax, (2) (3) following year 457(b) pre-tax and (4) following			

Write the amount you wish to contribute to your Savings Plus account from your Lump-Sum Separation Pay in the relevant boxes below. Only one form is needed if contributing across two tax years.

The order of priority is the order in which you would like the funds to be allocated to your plan.

Note: If you do not know the amount of your accumulated leave time, <u>write in the maximum dollar amount allowable for each plan year that applies to you</u>. If you are using Traditional Catch-Up, or age-based catch-up, include the allowable amount in the totals below.

Plan Year 1				
2024	Amount	Priority		
457(b) Pre-tax	38,950	1		
457(b) Roth				
401(k) Pre-tax	25,950	2		
401(k) Roth				

Plan Year 2	Complete this table only if retiring in November or December		
2025	Amount	Priority	
457(b) Pre-tax	39,000	1	
457(b) Roth			
401(k) Pre-tax	26,000	2	
401(k) Roth			

Any leave funds not specifically allocated to your Savings Plus account based on this form, or any funds that remain after maxing out your plans, will be cashed out to you upon separation from the state. Applicable taxes may apply.

I request a contribution of Lump-Sum Separation Pay in accordance with my choice above, and pursuant to California and federal law. I take full responsibility for providing my request to my personnel office no later than five (5) workdays prior to my separation date and understand the terms and conditions of deferring all or a portion of my Lump-Sum Separation Pay. I have verified my request prior to submission. I acknowledge that my election is irrevocable. I understand that my election is irrevocable once signed and submitted to my personnel office, this form cannot be changed, amended, or revoked.

If applicable, I have attached a copy of my Traditional Catch-Up Approval Letter.

I understand that if the value of the leave I have available to transfer is for an amount less than I have requested, my request will be reduced to the lesser amount. The contributions will be processed in the order indicated in Section 3. If no preference is provided in Section 3, it will be processed based on the following hierarchy: (1) Current year 457(b) pre-tax, (2) current year 401(k) pre-tax, and if applicable (3) following year 457(b) pre-tax, and (4) following year 401(k) pre-tax. Please make sure you have an established 457 and/or 401(k) prior to submitting this form to ensure that the funds are promptly and appropriately distributed.

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
Tom Fong	10/25/24

Personnel Office Use Only - Refer to SCO personnel letters applicable to Lump-Sum Separation Pay for instructions on completing the separation PAR. Attach this request with a copy of the separation PAR and, if applicable, the Traditional Catch-Up Approval Letter from the employee. Retain a copy with the employee file. Do not submit a copy to Savings Plus.

California Department of Human Resources Privacy Notice on Information Collection (rev. 7/16) - This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR) Savings Plus Program is requesting the information specified on this form pursuant to California Government Code Sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Administrative Services Provider (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy - The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information - The CallHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information that we maintain. To request access, contact: CallHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / (916) 324-0455 / CallHRPrivacy@calhr.ca.gov



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Date prepared Qualitions? Visit us online

Call 855-616-4776 Go to savingsplusnow.com to learn about our products, services and

more.

Tommy Fong

123 Controller Lane

SACRAMENTO, CA 95822

Your traditional catch up contribution request has been approved

Access your information online Register for the online service center at savingsplusnow.com

Dear. Tommy Fong

Your 457(b) traditional catch up contribution request has been received and approved.

Plan detalls

Plan name:

State of California Savings Plus 457(b)

Account number: 999-999999

Understanding the details

In addition to the annual deferral limit, you are eligible for the following lraditional catch up amount(s):

Approved Catch Up Amount	Contribution Year
\$19.500.00	2024
\$19,500.00	2025

We are here to help

If you have any questions or need additional information, contact the Savings Plus Service Center at (855) 616-4776. Our customer service representatives are available Monday through Friday, 5 a.m. to 8 p.m. PT.