

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: _____

457 DEFERRED COMPENSATION PLAN AGREEMENT

By this Agreement, made between your employer and _____ (the "Employee"), the parties hereto agree as follows:

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 accounts(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 CalSTRS 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.

I. 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 414(v).

Signed this _____ day of _____, 20____.

Employee Signature: _____

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 389
Hartford, CT 06141

OVERNIGHT DELIVERY:

CalSTRS Pension2 Plan Administration
One Orange Way
Windsor, CT 06095

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).