

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 III¹. 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 III¹.

| | | | |
|-----------------------------------|------------|--|-------------|
| VOYA FIXED PLUS III ¹ | _____ .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 PLUS | _____ .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% |
| | | Total Percent of Investment Allocation Must Equal | 100% |

¹ 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 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.

The amount of the salary deferral shall be as follows:

- Pre-Tax Deferral \$ _____ per pay period
- Roth 403(b) Contribution** \$ _____ per pay period

**Roth Contributions are available only if permitted under the Plan Document.

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).

CaSTRS PENSION2 SCHOOL DISTRICT PLAN NUMBERS

| Plan # | Plan Name |
|--------|---|
| 401886 | ANTELOPE VALLEY COLLEGE |
| 401883 | CITY COLLEGE OF SAN FRANCISCO |
| 401895 | CONTRA COSTA SCHOOL OF PERFORMING ARTS |
| 401809 | DA VINCI SCHOOLS |
| 401871 | ELK GROVE UNIFIED SCHOOL DISTRICT* |
| 401760 | FREMONT UNIFIED |
| 401766 | GOLDEN OAK MONTESSORI OF HAYWARD |
| 401896 | HAMILTON USD* |
| 401775 | HIGH TECH LA CHARTER |
| 401899 | LIFE SOURCE INT'L CHARTER |
| 401814 | PETALUMA |
| 401784 | REALM CHARTER SCHOOL* |
| 401740 | SAN DIEGUITO UNION HIGH SCHOOL |
| 401800 | THE ACADEMY OF ALMEDA |