



1. Participant Information

Name: _____ Account Number or SSN: _____
Email: _____ Preferred Phone: _____
Phone type: [] Home [] Work [] Cell

2. Source of Rollover-In Assets

[] 401(k) [] Roth 401(k) [] 403(b) [] Deemed IRA
[] 457 [] Roth 457 [] Traditional IRA [] Other: _____
Carrier/Custodian Name: _____ Account Number: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Contact Name: _____ Contact Phone: _____

3. Deposit Rollover Assets To

[] 401(k) [] 401(k) Roth [] 457 [] 457 Roth Amount to Rollover: \$ _____
Roth Start Date: _____ Total Roth Contributions Included in Rollover: \$ _____

4. Investment Direction for Rollover (select one)

- [] Invest my rollover according to my current contribution allocation direction on file.
OR
[] Invest my rollover to the Target Date Fund* in accordance with my Date of Birth.

NOTE: If you do not indicate your investment election, your rollover will be invested in a Target Date Fund in accordance with your Date of Birth. *Fund Fact Sheets are located in the "Enroll" tab at savingsplusnow.com in the "My Investment Options" section.

5. Instructions for Rollover

To have your rollover sent via ACH: Provide the following information to your prior qualified plan or IRA provider:
ABA: 021000021 Acct: 900-9000-127 Name: PTFS Operations FFC: P35663/SSN
To have your rollover sent via check: Make check payable to: Nationwide Mail check to: Nationwide Retirement Solutions
FBO (Participant Name, Acct# or SSN) PO Box 183150
Columbus, OH 43218

6. Participant Certification

Investing involves market risk. No investment strategy can guarantee a profit or avoid losses. I understand that my rollover will become subject to the terms and conditions of the plan. I certify that this rollover/transfer represents an amount which is eligible for rollover, and is from an eligible retirement plan. Savings Plus is entitled to rely fully on my certification. I expressly assume responsibility for the eligibility of this rollover/transfer and any tax consequences relating to this rollover/transfer.

Upon receipt, I hereby request my funds to be invested as directed on this form. Please read the underlying fund fact sheets carefully.

Nationwide Retirement Solutions hereby agrees to accept the rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account.

Signature: _____ Date: _____

California Department of Human Resources Privacy Notice on Information Collection (rev. 9/15)
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 Third Party Administrator (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 https://www.calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information
Nationwide is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / 916-324-0455 / CalHRPrivacy@calhr.ca.gov or contact Nationwide at 855-616-4776.

Mail the original application to Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 or fax to 877-677-4329.
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