



Beneficiary Designation Form Savings Plus

Phone: 855-616-4SPN (4776) • savingsplusnow.com

1. Participant Information

Plan Type(s) (select all that apply): 401(k) 457 PST

NOTE: complete separate forms if beneficiary designations differ by Plan

Name: _____ Account Number or SSN: _____

Email: _____ Preferred Phone: _____

Phone type: Home Work Cell

2. Beneficiary Designation

NOTES: Beneficiaries listed below replace any prior designation. This beneficiary designation applies to all funding options unless otherwise noted. For an organization or Trust, include EIN in the SSN field.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (allocations must total 100%):

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

Contingent Beneficiary(ies) (allocations must total 100%):

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

Name:	Relationship:	SSN:	Phone:
Address:		Date of Birth:	Allocation %:

3. Authorization

As a participant in the Savings Plus Plan(s) indicated above, I do hereby designate the above named beneficiary(ies).

Participant 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.