

EMPLOYEE OPT OUT FORM

CalSavers is a completely voluntary program. You can opt out at any time online, by completing this form, or by calling the phone number listed below. If you do not opt out your employer will send payroll contributions to your CalSavers account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the CalSavers Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to CalSavers for more than one employer you must submit a separate form for each employer.

<p>Completed forms should be mailed to: CalSavers PO Box 55759 Boston, MA 02205-5759</p> <p>855-650-6918 8:00 am to 8:00 pm Pacific Standard Time M-F</p>	<p>Overnight Address: CalSavers 95 Wells Avenue, Suite 155 Newton, MA 02459</p> <p> saver.calsavers.com</p>
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1. IDENTIFICATION *(Required)*

To verify your information, you must provide either your access code or the last four digits of your Social Security Number/Taxpayer Identification Number, date of birth, and zip code. The access code can be found in the email or letter you received from CalSavers.

<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>	OR	<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>	OR	<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/>
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Access Code Last Four Digits of Social Security Number or Taxpayer Identification Number Zip Code Birth Date (mm/dd/yyyy)

2. EMPLOYEE INFORMATION

Legal Name (First) (M.I.)

Legal Name (Last)

Address

<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> City	<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> State	<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> Telephone Number (In case we have a question)
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3. OPT OUT REASON

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|---|---|
| <input type="checkbox"/> I don't qualify for a Roth IRA due to my income
<input type="checkbox"/> I don't trust the financial markets
<input type="checkbox"/> I would prefer a Traditional IRA
<input type="checkbox"/> I'm not satisfied with the investment options | <input type="checkbox"/> I have my own retirement plan
<input type="checkbox"/> I'm not interested in contributing through this employer
<input type="checkbox"/> I can't afford to save at this time
<input type="checkbox"/> Other <input style="width: 150px; border: 1px solid black;" type="text"/> |
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4. EMPLOYER INFORMATION

Employer Name

5. SIGNATURE *(Required)*

I do not wish to participate in the CalSavers Program at this time. I understand that I can change my mind at any time and begin participating in CalSavers at a later date, subject to and in accordance with the terms of the CalSavers Program. If I decide to opt back in I can contact CalSavers.

	<input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> <input style="width: 100%; height: 1.2em; border: 1px solid black;" type="text"/> Date (mm/dd/yyyy)
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Signature of Employee