EMPLOYEE OPT OUT FORM

CalSavers is a completely voluntary program. You can opt out at any time online or by completing this form. 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.

Completed forms should be mailed to: CalSavers
PO Box 55759
Boston, MA 02205-5759

Overnight Address: CalSavers
95 Wells Avenue, Suite 155
Newton, MA 02459

855-650-6918
8:00 am to 8:00 pm Pacific Standard Time M-F

saver.calsavers.com

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.

☐☐☐☐☐☐ Access Code

OR

☐☐☐☐ Last Four Digits of Social Security Number or Taxpayer Identification Number

☐☐–☐☐–☐☐☐☐ Birth Date *(mm/dd/yyyy)*

☐☐☐☐☐ Zip Code

2. EMPLOYEE INFORMATION

Legal Name *(First)* *(M.I.)*

Legal Name *(Last)*

Address

City State

Telephone Number *(In case we have a question)*

3. OPT OUT REASON

- ☐ I don't qualify for a Roth IRA due to my income
- ☐ I would prefer a Traditional IRA
- ☐ I have my own retirement plan
- ☐ I can't afford to save at this time
- ☐ I don't trust the financial markets
- ☐ I'm not satisfied with the investment options
- ☐ I'm not interested in contributing through this employer
- ☐ Other

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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.

Signature of Employee

Date *(mm/dd/yyyy)*

Note: California law requires that CalSavers conduct an Open Enrollment Period once every two years during which eligible employees that previously opted out of the Program shall be re-invited to participate under automatic enrollment and must opt out again if they still do not wish to participate in the Program.

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