

# Tax Deferred Contribution from Final or Vacation Settlement Pay

This form must be received in your personnel office 30 business days prior to your separation or retirement date. Additional paperwork is required if you are not enrolled at least one pay period prior to your separation or retirement date.

**Please contact your Payroll Tech immediately to make arrangements for the appropriate deduction:**

Payroll Tech Name \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION I—Participant Information

Last Name, First Name, MI	Social Security Number (SSN)	Retirement/Separation Date (mm/dd/yyyy)
		Daytime Telephone Number ( )

**Privacy Statement:** The Information Practices Act of 1977 (*Civil Code* Section 1798.17) and the federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of identification and account processing. You must furnish all the information requested on this form. Failure to provide the information may result in the action requested not being processed.

## SECTION II—Contribution Information

A. Specify the dollar amount(s) contributed this tax year by the type of plan:

\$ \_\_\_\_\_ 401(k)      \$ \_\_\_\_\_ 403(b)      \$ \_\_\_\_\_ 457

Ded/Org. Code: \_\_\_\_\_

B. Specify the dollar amount(s) to be withheld from your lump-sum separation pay:

401(k)	Amount	403(b)	Amount	457	Amount
Tax Year _____	\$ _____	Tax Year _____	\$ _____	Tax Year _____	\$ _____
Tax Year _____	\$ _____	Tax Year _____	\$ _____	Tax Year _____	\$ _____

## SECTION III—Participant Certification

I request a transfer of lump-sum separation pay be made in accordance with the Plan Document, *Internal Revenue Code*, and my election above. I take full responsibility for providing these instructions and understand the terms and conditions of deferring all or a portion of my lump-sum separation pay. I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge.

**Signature**

**Contact Information for 401(k) and 457:**

Savings Plus Program  
1800 15<sup>th</sup> Street  
Sacramento, CA 95814-6614  
(916) 324-0508 (leave message)

**Date**

**Contact Information for 403(b):**

Cal Poly Human Resources  
Admin. Bldg., Room 110  
San Luis Obispo, CA 93407  
(805) 756-2236

**PERSONNEL OFFICE USE ONLY**—Refer to the SCO Payroll Letter-Lump-Sum Pay-Deferral to Next Tax Year and Deferred Compensation/TSA/PST Deductions for instruction on completing the separation PAR. Attach this request with a copy of the separation PAR and retain with employee file. **Do not** submit this form to the SCO or the Savings Plus Program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**