

# ELECTION TO CHANGE PRIMARY RETIREMENT BENEFIT FROM SAVINGS CHOICE TO PENSION CHOICE

## UNIVERSITY OF CALIFORNIA RETIREMENT PLAN

UCRS 216 (R01/21) University of California Human Resources and Benefits

Send completed form to:  
Retirement Administration  
Service Center (RASC)  
P.O. Box 24570  
Oakland, CA 94623-1570  
FAX: (800) 792-5178

Use this form to elect to switch from a Savings Choice Participant in the Defined Contribution (DC) Plan to a Pension Choice Participant in the University of California Retirement Plan.

Return the original to the RASC at the above address. **Please copy this form for your records.**

**Do not submit this form if you intend to remain a Savings Choice participant.**

### PERSONAL INFORMATION

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	CAMPUS/LAB/MEDICAL CENTER
MAILING ADDRESS (Number, Street)	EMPLOYEE ID	EMAIL ADDRESS
MAILING ADDRESS (City, State, Zip)	DATE OF BIRTH	PHONE NUMBER

### INSTRUCTIONS

This form may be used by an active Savings Choice Participant who is within their second-choice window to switch their primary retirement benefit to Pension Choice under the University of California Retirement Plan.

The second-choice window opens on January 1 of the fifth anniversary of the calendar year in which Savings Choice was elected and extends through May 31 five and a half years later, or the date you make your election, whichever comes first.

### DECLARATION OF ELECTION TO SWITCH FROM SAVINGS CHOICE TO PENSION CHOICE

I, \_\_\_\_\_, elect to change my primary retirement benefit from Savings Choice to Pension Choice under the University of California Retirement Plan on a prospective basis, pursuant to the procedures outlined by the Plan Administrator.

### SIGNATURE

My signature below certifies that:

- I understand the financial impact of each primary retirement benefit option, Pension Choice and Savings Choice, and how it relates to my retirement objectives.
- I understand the vesting requirements of the University of California Retirement Plan and the DC Supplement, if applicable.
- I understand that my election to participate in the University of California Retirement Plan is prospective, and will commence no sooner than the beginning of the next Fiscal/Plan Year, subject to the applicable payroll processing deadline.
- I understand that both the University's and my contributions to the DC Plan under Savings Choice will stop, and I am required to contribute to the University of California Retirement Plan under Pension Choice, coinciding with the effective date of my enrollment in the University of California Retirement Plan.
- I understand that this opportunity to switch my primary retirement benefit is available only one time. Further, I understand that this election is **irrevocable** upon submission of this form, even if there is a change to my personal or work situation. I will not be able to switch back to Savings Choice.

I further certify I have read *A Complete Guide to Your UC Retirement Benefits* and understand the implications of my election to switch to Pension Choice. My signature below certifies that I am an active Savings Choice participant on active UC pay status.

SIGNATURE	DATE
-----------	------

This form is subject to review and approval.

### FOR INTERNAL USE ONLY

SAVINGS CHOICE ELECTION DATE	ACTIVE SAVINGS CHOICE PARTICIPANT? Yes / No	ELIGIBLE TO SWITCH? Yes / No	DATE OF U216 ELECTION
APPROVED OR DENIED	EFFECTIVE DATE OF SWITCH 07/01/ ____ ____	REVIEWER NAME	OUTGOING LETTER DATE

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.

### NOTICE

The election you make with this form is subject to the applicable plan provisions and the policies and rules that govern them. If a conflict exists between terms described on this form and the plan documents, the plan documents govern. The Plan Administrator has the authority to interpret disputed provisions.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, University of California Group Insurance Regulations for Faculty and Staff, and state and federal laws. Source documents are available for upon request (800-888-8267). If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities.