CalPERS

CalPERS Supplemental Income 457 Plan

EMPLOYEE NEW ENROLLMENT FORM

1. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

DATE OF BIRTH: _____ **CalPERS ID:** _ _ _ _ _ _ _ _ _ _

EMPLOYER NAME: _____ **AGENCY PLAN NUMBER:** 4 5 _ – _ _ _

PARTICIPANT MAILING ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **HOME PHONE:** _____ **E-MAIL:** _____

MARITAL STATUS: Are you legally married or in a domestic partnership?

❑ **YES**, I am legally married or in a domestic partnership

❑ **NO**, I am not legally married or in a domestic partnership

2. EMPLOYEE CONTRIBUTION ELECTION

Enter the dollar amount or percentage of pay you wish to contribute to the CalPERS Supplemental Income 457 Plan per pay period. Your contribution will commence the month following the date on which you make this election unless you specify a later effective date.

❑ I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to deduct $_____ or _____% from my gross wages and deposit this amount into my account in the Plan.

Contributions will be deducted per pay period effective: ❑ Next qualifying pay period **OR** ❑ Specific date ____/____/____.

To make future changes to the amount of your contribution, to suspend contributions, or to make changes to your personal information, complete the **Participant Change Authorization** form found on the Plan Web site.

3. EMPLOYER CONTRIBUTION ELECTION

(Complete ONLY if your employer makes a contribution to the Plan on your behalf)

❑ I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to contribute $_____ of my employer's contribution to the Plan per Pay Period and deposit this amount into my account in the Plan (called "contributions" or "contribution amount").

Contributions will be deducted per pay period effective: ❑ Next qualifying pay period **OR** ❑ Specific date ____/____/____.

4. OPTIONAL — CATCH-UP PROVISION

You may only use ONE catch-up option during the tax year. Only complete if you wish to use a catch-up provision and are eligible.

❑ **I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method.** I will be contributing more than the annual limit of $18,000 (subject to IRS limits of $6,000 for 2015).

❑ **I am using the Special 457 Catch-up method.** This feature allows me to contribute more than the normal maximum annual deferral amount — an additional $18,000 in 2015 (for a total contribution of $36,000) — to "Catch-Up" for earlier years when I did not contribute the maximum amounts allowed. I must complete the **Three Year Special 457(b) Catch-Up Worksheet** found on the Plan Web site.

5. INVESTMENT ELECTIONS

- Once enrolled in the Plan, you may choose your own investment elections from a series of Core Funds and Target Retirement Date Funds that suit your personal investment style and goals. You will receive a confirmation notification and Password shortly after enrollment. You can make your own investment elections by accessing your account on-line at **https://calpers.voyaplans.com** or by calling the toll-free plan information line at **1-800-260-0659** within a short period after submitting a completed Enrollment Form.
- **The Target Retirement Date Funds have been designated by the Board as the default investment under the Plan. Your contributions will be invested in the appropriate Target Retirement Date Fund unless you make an affirmative investment election prior to the date the first contributions are deposited to your account.** The appropriate Target Retirement Date Fund is based on your date of birth most closely corresponding with your retirement date assuming you will retire at age 60.
- Investing involves market risk, and it is possible to lose money while investing in a fund. Please refer to the **Employee Enrollment Kit** and **Fund Fact Sheets** for more information.

6. SIGNATURES REQUIRED

By signing below,

- I hereby authorize my employer to deduct from my payroll the contribution amount indicated for deposit into the Plan.
- I understand and agree my future contributions will be deducted from each paycheck on a before-tax basis. I also understand that unless I make an affirmative investment election prior to the date of the first contributions, the contributions will be invested in the appropriate Target Retirement Date Fund.
- I understand and agree the default investment designation I have authorized will remain in full force and effect until I authorize a change in accordance with the provisions of the Plan and the procedures set forth in this form.
- I acknowledge that I have received and had an opportunity to review the **Employee Enrollment Kit** and **Fund Fact Sheets** booklet.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYER'S SIGNATURE: _____ **DATE:** _____

Please submit your completed form by fax or mail:

FAX DELIVERY:
Voya Financial™
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:
Voya Financial™
Attn: CalPERS
P.O. Box 24747
Jacksonville, FL 32241-4747

OVERNIGHT DELIVERY:
Voya Financial™
Attn: CalPERS
8900 Freedom Commerce Parkway
Jacksonville, FL 32256-8264

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at **https://calpers.voyaplans.com**. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).