CalPERS

CalPERS Supplemental Income 457 Plan

ROLLOVER CONTRIBUTION FORM

PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.

1. PARTICIPANT INFORMATION (please print clearly)

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

CalPERS ID: _ _ _ _ _ _ _ _ _ _

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

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

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

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

2. PROOF OF PRIOR PLAN QUALIFICATION AND TAXABILITY

Prior plan qualification: The source of your rollover contribution to the CalPERS Supplemental Income 457 Plan must be from another qualified plan. Check appropriate box for plan from which you are rolling money into the CalPERS Supplemental Income 457 Plan. The Plan may accept rollover assets within the meaning of 402(c)(8)(b) of the Internal Revenue Code which includes the following types of tax-deferred Plans:

❑ **Individual Retirement Account (IRA)** ❑ **401(a) Plan** ❑ **401(k) Plan** ❑ **403(b) Tax Sheltered Annuity** ❑ **457(b) Plan**

Taxability: The supplied documentation must detail taxability of the funds to be rolled over. Please attach a copy of your distribution statement from the resigning trustee. Your rollover cannot include any nondeductible (after-tax) employee contributions.
NOTE: *To remain tax-deferred, the rollover to CalPERS must be made NO later than 60 days from the date you received distribution from your former plan.*

You may need to contact your former employer or trustee to provide you with this information which must accompany this application.

3. INSTRUCTIONS

1. **Contact your former employer or financial institution to find out how to receive a rollover distribution check.** You will need to provide the correct payee information for your distribution. The distribution check should be mailed directly to you and payable as follows:

   CalPERS Supplemental Income 457 Plan, FBO (Your Name)

   Personal checks will not be accepted and will be returned to you.

2. **Obtain required documentation.** Your former employer or financial institution should provide you with proof of plan qualification and taxability which is typically documented in a copy of the plan's IRS Letter of Determination, your quarterly statement, and/or your rollover distribution statement

3. **Complete and sign the Rollover Contribution form;** accompanied by your rollover distribution check as well as documentation detailing plan qualification and taxability of funds to be rolled over. Send all items to:

US MAIL:
Voya Financial™
Attn: CalPERS
P.O. Box 5166
Boston, MA 02206-5166

OVERNIGHT MAIL:
Voya Financial™
Attn: CalPERS
30 Braintree Hill Office Park
Braintree, MA 02184

4. INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

I elect to make a rollover contribution to the CalPERS Supplemental Income 457 Plan in the amount of: $_____

Enter the whole number percentage that you want allocated among the Plans investments in the table below. Your rollover of assets will be invested according to the allocation percentages you enter. The total of all investment allocations must equal 100%.

The Target Retirement Date Funds have been designated by the Board as the default investment fund under the Plan. In the absence of an investment selection by you, or if your instructions are not clear, your rollover will be invested in the appropriate Target Retirement Date Fund based on your date of birth most closely corresponding with your retirement date assuming you will retire at age 60.

Prior to investing you should carefully review all fund information and objectives and consult with an outside investment adviser. Additional fund information can be obtained by calling 1-800-260-0659, or by visiting the Plan Web site **https://calpers.voyaplans.com**.

CALPERS ASSET ALLOCATION FUNDS			CORE FUNDS		
CalPERS Target Retirement Date Funds			**Fixed Income Funds**		
Fund No.	**Fund Name**	**% Dist.**	**Fund No.**	**Fund Name**	**% Dist.**
1A	CalPERS Target Retirement Date Income Fund	_____ %	20	Short-Term Investment Fund	_____%
1D	CalPERS Target Retirement Date 2015 Fund	_____ %	44	SSgA US Short Term Gvt Bnd Indx	_____%
1E	CalPERS Target Retirement Date 2020 Fund	_____ %	45	SSgA US Bond Index Fund	_____%
1F	CalPERS Target Retirement Date 2025 Fund	_____ %	**Real Asset**		
1G	CalPERS Target Retirement Date 2030 Fund	_____ %	46	SSgA Real Asset Fund	_____%
1H	CalPERS Target Retirement Date 2035 Fund	_____ %	**Equity Funds**		
1I	CalPERS Target Retirement Date 2040 Fund	_____ %	48	SSgA Russell All Cap Index Fund	_____%
1J	CalPERS Target Retirement Date 2045 Fund	_____ %	49	SSgA Global Equity ex U.S. Index	_____%
1K	CalPERS Target Retirement Date 2050 Fund	_____ %			
1L	CalPERS Target Retirement Date 2055 Fund	_____ %	**TOTAL PERCENTAGE OF DISTRIBUTION**		_____%

5. CHECKLIST: HAVE YOU?

- ❑ Completed the Participant Information section, **and**
- ❑ Contacted your former employer or financial institution, **and**
- ❑ Completed the Investment Fund Elections section, **and**
- ❑ Included your Rollover check (made payable to CalPERS Supplemental Income 457 Plan, FBO (Insert your name), **and**
- ❑ Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), 457 deferred compensation plan, or Rollover IRA (IRS Letter of Determination, letter from plan's prior record keeper, participant quarterly statement, or distribution statement), **and**
- ❑ Included proof of taxability detailing the taxability of funds to be rolled over (IRS Letter of Determination, letter from plan's prior record keeper, participant quarterly statement, or distribution statement), **and**
- ❑ Signed and dated the Rollover Contribution form

If your check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.

6. PARTICIPANT AUTHORIZATION

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the CalPERS Supplemental Income 457 Plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

PARTICIPANT'S SIGNATURE_____ **DATE**_____/_____/_____

If you have any questions, you may call the CalPERS Supplemental Income 457 Plan Information 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).