

CalPERS Supplemental Income 457 Plan PARTICIPANT CHANGE AUTHORIZATION FORM

Check the boxes below for all that apply (If no boxes are checked, this form will be rejected and will not be processed):		
CHANGE AMOUNT OF CONTRIBUTION	SUSPEND CONTRIBUTIONS	
CATCH-UP PROVISION	CHANGE IN MARITAL STATUS OR DOMESTIC PARTNERSHIP	
Changes to your investment elections, including rebalancing your Plan account or requesting fund transfers, must be done by accessing your account on-line at https://calpers.ingplans.com or by calling the toll-free Plan Information Line at 1-800-260-0659. Investment fund changes submitted on this form will not be accepted.		
Changes to your name and address, or corrections to your date of birth:		
If you are an active member, please submit your name and address changes, or date of birth corrections to your employer.		
 If you are a retired or separated member, please submit your nan CalPERS by calling toll-free, 888-CalPERS (225-7377). 	ne and address changes, or date of birth corrections directly to	
1. PARTICIPANT INFORMATION (please print clearly)		
NAME:		
LAST NAME FIRST NAME	MIDDLE INITIAL	
SOCIAL SECURITY NUMBER:	CalPERS ID:	
EMPLOYER NAME:	AGENCY PLAN NUMBER: 45	
WORK PHONE:	HOME PHONE:	
E-MAIL ADDRESS:		
2. CHANGE CONTRIBUTION AMOUNT		
1. Check the box below, and enter the dollar amount or percentage Income 457 Plan per pay period, and the dollar amount or perce		
☐ I hereby elect to change my contribution amount FROM \$		
☐ I hereby elect to change my employer contribution amount \$	to% T0 \$ or% per pay period.	
2. Check the box below for "Next qualifying pay period", and your n		
following the date on which you make this election, unless you enter a specific effective date below. Request change to be effective: Next qualifying pay period OR Specific date//		
	<u> </u>	
3. SUSPEND CONTRIBUTIONS		
1. Check the box below to suspend contributions to the CalPERS Su	upplemental Income 457 Plan.	
☐ I hereby elect to suspend contributions.		
2. Check the box below for "Next qualifying pay period", and your contribution will be suspeded the month following the date on which you make this election, unless you enter a specific effective date below.		
Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective: Next qualifying pay period Request change to be effective to be		
request change to be effective: 💷 Next qualifying bay benon u	JK 🔲 Specific date / / .	

4. CATCH-UP PROVISION		
will use the catch-up method. I will be age 50 or older in the catch-up Method may designated your "normal retiremented the complete the separate form entited amount of underutilized deferrals for the catch-up method."	current tax year and am using the Age 50 Ca be used during the three tax years immediat t age." use this catch-up method.	ely preceding the tax year in which you have ate your "normal retirement age" and determine the to "catch-up" contributions.
5. CHANGE IN MARITAL STAT	US OR DOMESTIC PARTNERSHIP	
☐ I am legally married or in a dome	stic partnership.	ot married or in a domestic partnership. dicate: ed
6. SIGNATURES REQUIRED		
PARTICIPANT'S SIGNATURE:		DATE:DATE:
PARTICIPANT'S SIGNATURE:		
PARTICIPANT'S SIGNATURE:		

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