

# CalPERS Supplemental Income 457 Plan EMPLOYEE NEW ENROLLMENT FORM

1. PARTICIPANT INFORMATION (please print clearly)					
NAME:	SOCIAL SECURITY NUMBER:				
DATE OF BIRTH:	O-IDEDC ID (Ontional):				
EMPLOYER NAME:					
PARTICIPANT MAILING ADDRESS:					
CITY:					
WORK PHONE: HOME PHONE:					
MARITAL STATUS: Are you legally married or in a domestic partnership?	<ul> <li>YES, I am legally married or in a domestic partnership</li> <li>NO, I am not legally married or in a domestic partnership</li> </ul>				
2. EMPLOYEE CONTRIBUTION ELECTION					
Enter the dollar amount or percentage of pay you wish to contribute to the Ca will commencethe month following the date on which you make this election	i unless you specify a later effective date.				
Pre-tax - I elect to enroll in the CalPERS Supplemental Income 457 Plan from my gross wages and deposit this amount into my account i	and authorize my Employer to deduct \$ or% n the Plan.				
Roth* - I elect to enroll in the CalPERS Supplemental Income 457 Plan a from my gross wages and deposit this amount into my account in	nd authorize my Employer to deduct \$0r% the Plan.				
*Please check with your payroll department to make sure your employer of can be elected.					
Contributions will be deducted per pay period effective: 🗆 Next qualifying p					
To make future changes to the amount of your contribution, to suspend cont the <b>Participant Change Authorization</b> form found on the Plan Web site.	tributions, or to make changes to your personal information, complete				
3. EMPLOYER CONTRIBUTION ELECTION					
(Complete ONLY if your employer makes a contribution to the Plan on your be	half)				
I elect to enroll in the CalPERS Supplemental Income 457 Plan and authoric contribution to the Plan per Pay Period and deposit this amount into my ac	ze my Employer to contribute \$of my employer's count in the Plan (called "contributions" or "contribution amount").				
Contributions will be deducted per pay period effective: 🗖 Next qualifying	g 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 annual limit of \$19,500 (subject to IRS limits of \$6,500 for 2021).	Catch-up method. I will be contributing more than the				
I am using the Special 457 Catch-up method. This feature allows me to c amount – an additional \$19,500 in 2021 (for a total contribution of \$39,0 contribute the maximum amounts allowed. I must complete the Three Year	00) – to "Catch-Up" for earlier years when I did not				
****This Form is not complete without the required Er will be rejected if any information is missing. Please be	nployer and Participant signatures on page 2 and sure to mail or fax BOTH pages for processing.***				



## 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 <a href="https://calpers.voya.com">https://calpers.voya.com</a> or by calling the toll-free plan information line at <a href="https://calpers.voya.com">1-800-260-0659</a> 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 58.
- 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.

PRINT NAME:				1.1
PARTICIPANT'S SIGNATURE:			DATE:	
EMPLOYER'S SIGNATURE:			DATE:	
EWIPLOTER 5 SIGNATURE:		and the second second		

Please note: This Form is not complete without the required Employer and Participant signatures above and will be rejected if any information is missing. Please be sure to mail or fax **BOTH** pages for processing.

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: CaIPERS P.O. Box 389 Hartford, CT 06141

OVERNIGHT DELIVERY: Voya Financial Attn: CalPERS One Orange Way Windsor, CT 06095

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.voya.com. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

