

CalPERS Supplemental Income 457 Plan



California Public Employees' Retirement System (CalPERS)
 CalPERS Supplemental Income 457 Plan (the "Plan")
<https://calpers.inplans.com>

P.O. Box 5166
 Boston, MA 02206-5166
 1-800-260-0659

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 SELECTIONS, INCLUDING REBALANCING YOUR PLAN ACCOUNT OR REQUESTING FUND TRANSFERS, MUST BE DONE BY ACCESSING YOUR ACCOUNT ON-LINE AT <https://calpers.inplans.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 NAME AND ADDRESS CHANGES, OR DATE OF BIRTH CORRECTIONS DIRECTLY TO CALPERS BY CALLING TOLL-FREE, 888-CalPERS (225-7377).

I. PARTICIPANT INFORMATION

Last Name		First Name	Middle Initial
Social Security Number	CalPERS ID		Birth Date
Telephone Number (work)	Telephone Number (home)	Email Address	

II. CHANGE IN MARITAL STATUS OR DOMESTIC PARTNERSHIP

- I am legally married or in a domestic partnership.
 I am not married or in a domestic partnership.
 Please indicate:
 Divorced Widowed DP - Terminated

III. EMPLOYER INFORMATION

Employer Name:	Agency Plan Number: 45__ - __ __ __
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IV. CHANGE CONTRIBUTION AMOUNT

- Check the box below, and enter the dollar amount or percentage of pay you currently contribute to the CalPERS Supplemental Income 457 Plan per pay period, and the dollar amount or percentage you want to contribute.
 I hereby **elect to change** my contribution amount **FROM** \$_____ or _____% **TO** \$_____ or _____% per pay period.
- Check the box below for "Next qualifying pay period", and your new contribution or percentage amount will commence 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 or Specific date ____/____/____.

V. SUSPEND CONTRIBUTIONS

- Check the box below to suspend contributions to the CalPERS Supplemental Income 457 Plan.
 I hereby **elect to suspend** contributions.
- Check the box below for "Next qualifying pay period", and your contribution will be suspended 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 or Specific date ____/____/____.



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VI. CATCH-UP PROVISION

(Complete ONLY if you are eligible to use either one of the catch-up methods below and you are electing to do so. You may use one but not both during the same tax year.)

1. If you are age 50 or older, you may take advantage of contributing more than the annual limit. Check the box indicating you will use this catch-up method.

I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method.

2. The Special Catch-up Method may be used during the three tax years immediately preceding the tax year in which you have designated your "normal retirement age."

- Check the box indicating you will use this catch-up method.
- Complete the separate form entitled "Special Catch up Worksheet" to designate your "normal retirement age" and determine the amount of underutilized deferrals from previous years for which you are eligible to "catch-up" contributions.

I am using the Special 457 Catch-up method and have completed the Special 457 Catch-Up Method Worksheet.

VII. SIGNATURES REQUIRED

Participant's Signature	Date
Employer's Signature	Date