Placer County 401(k) Plan
452101

CalPERS

Placer County 401(k) Plan **(the "Plan")**
https://calpers.ingplans.com
1-800-260-0659

Placer County Personnel Office
145 Fulweiler Avenue, Suite 200
Auburn, CA 95603

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 name/address** ☐ **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.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.

I. PARTICIPANT INFORMATION

Last Name	First Name	Middle Initial	Social Security Number

Former Name (if changing name)	Hire Date	Birth Date

New Mailing Address (number and street)	City	State	Zip Code

Old Mailing Address (number and street)	City	State	Zip Code

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. CHANGE CONTRIBUTION AMOUNT

1. Check the box below, and enter the dollar amount you currently contribute **by payroll deduction**, to the Placer County 401(k) Plan per pay period, and the dollar amount you want to contribute.

   ☐ I hereby **elect to change** my contribution amount **FROM** $_____ **TO** $_____ per pay period.

2. Check the box below for "Next qualifying pay period", and your new contribution 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 _____ /_____ /_____.

3. Check the box below, and enter the dollar amount you currently contribute to the Placer County 401(k) Plan ***in lieu of health insurance*** per pay period, and the dollar amount you want to contribute.

   ☐ I hereby **elect to change** my contribution amount **FROM** $_____ **TO** $_____ per pay period.

4. Check the box below for "Next qualifying pay period", and your new contribution 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 _____ /_____ /_____.

IV. SUSPEND CONTRIBUTIONS

1. Check the box below to suspend contributions to the Placer County 401(k) Plan.

   ☐ I hereby **elect to suspend** contributions.

2. 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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V. CATCH-UP PROVISION

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.

VI. SIGNATURE REQUIRED

Participant's Signature	Date
Employer's Signature	Date