CalPERS Supplemental Income 457 Plan

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

P.O. Box 2647
Lewiston, ME 04241
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 name/address** ☐ **Change amount of contribution** ☐ **Suspend contributions** ☐ **Catch-up provision**

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	Birth Date

Former Name (if changing name)

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. EMPLOYER INFORMATION

Employer Name:_____ **Agency Plan Number:** **450 -** ___ ___ ___

III. CHANGE CONTRIBUTION AMOUNT

1. 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.

2. 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 _____ /_____ /_____.

IV. SUSPEND CONTRIBUTIONS

1. Check the box below to suspend contributions to the CalPERS Supplemental Income 457 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

(*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.

VI. SIGNATURE REQUIRED

Participant's Signature	Date
Employer's Signature	Date