

## 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☐ CATCH-UP PROVISION	SUSPEND CONTRIBUTIONS  CHANGE IN MARITAL STATUS OR DOMESTIC PARTNERSHIP	
Changes to your investment elections, including rebalancing your Plan accou	nt or requesting fund transfers, must be done by accessing your account on Line at 1-800-260-0659. Investment fund changes submitted on this form es, or date of birth corrections to your employer.	
toll-free, 888-CalPERS (225-7377).  1. PARTICIPANT INFORMATION (please print clearly)		
NAME:	BIRTH DATE:	
LAST NAME FIRST NAME	MIDDLE INITIAL	
SOCIAL SECURITY NUMBER:	CalPERS ID:	
EMPLOYER NAME:	AGENCY PLAN NUMBER: 45	
WORK PHONE:	HOME PHONE:	
E-MAIL ADDRESS:		
CHANGE CONTRIBUTION AMOUNT     Check the box below, and enter the dollar amount or percentage of pay per pay period, and the dollar amount or percentage you want to contribute.		
☐ I hereby <b>elect to change</b> my contribution amount <b>FROM \$</b>		
□ I hereby elect to change my <b>employer</b> contribution amount \$		
3. SUSPEND CONTRIBUTIONS		
<ol> <li>Check the box below to suspend contributions to the CalPERS Supplem         I hereby elect to suspend contributions.     </li> <li>Check the box below for "Next qualifying pay period", and your contributions election, unless you enter a specific effective date below.</li> </ol>		
Request change to be effective:  Next qualifying pay period OR Specific date/		

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4. CATCH-UP PROVISION			
catch-up method.		al limit. Check the box indicating you will use the	
☐ I will be age 50 or older in the current ta	x year and am using the Age 50 Catch-up m	nethod.	
2. The Special Catch-up Method may be used of your "normal retirement age."	during the three tax years immediately prec	eeding the tax year in which you have designated	
Check the box indicating you will use this catch-up method.			
<ul> <li>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.</li> </ul>			
☐ I am using the Special 457 Catch-up me		-	
5. CHANGE IN MARITAL STATUS OR DO	MESTIC PARTNERSHIP		
I am legally married or in a domestic partnership.		I am not married or in a domestic partnership.	
	Please indica	ate:	
	Divorced	☐ Widowed ☐ DP-Terminated	
		_ mama _ pr miniator	
6. SIGNATURES REQUIRED			
-			
6. SIGNATURES REQUIRED  PARTICIPANT'S SIGNATURE:		DATE:	
-		DATE:	
PARTICIPANT'S SIGNATURE:			
PARTICIPANT'S SIGNATURE:			
PARTICIPANT'S SIGNATURE:			
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or ma	ail:	DATE:	
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or ma	ail:  US MAIL DELIVERY:	DATE: OVERNIGHT DELIVERY:	
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or material forms and provided the submit your s	US MAIL DELIVERY: Voya Financial Attn: CalPERS P.O. Box 24747	OVERNIGHT DELIVERY: Voya Financial Attn: CalPERS 8900 Prominence Parkway	
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or ma  FAX DELIVERY:  Voya Financial Attn: CalPERS	ail:  US MAIL DELIVERY:  Voya Financial  Attn: CalPERS	OVERNIGHT DELIVERY: Voya Financial Attn: CalPERS	
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or material  FAX DELIVERY:  Voya Financial  Attn: CalPERS  1-888-228-6185	<b>US MAIL DELIVERY:</b> Voya Financial Attn: CalPERS P.O. Box 24747 Jacksonville, FL 32241-4747	OVERNIGHT DELIVERY: Voya Financial Attn: CalPERS 8900 Prominence Parkway Jacksonville, FL 32256-8264	
PARTICIPANT'S SIGNATURE:  EMPLOYER'S SIGNATURE:  Please submit your completed form by fax or material states and selection and selection are selected form by fax or material states. Calpers 1-888-228-6185  If you have any questions, you may call the Hell	WS MAIL DELIVERY: Voya Financial Attn: CalPERS P.O. Box 24747 Jacksonville, FL 32241-4747  p Line at 1-800-260-0659, or to obtain ac	OVERNIGHT DELIVERY: Voya Financial Attn: CalPERS 8900 Prominence Parkway Jacksonville, FL 32256-8264	
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