

New Employer Information Sheet

I. General Information

CalPERS ID: _____

Employer Name _____

Number of Employees _____

Employee Tax Identification Number _____ - _____

Fiscal Year End Date ____ / ____ / _____

Employer Address _____

City / State / Zip _____

Plan Administrator _____

Email _____

Telephone _____

Payroll Contact _____

Email _____

Telephone _____

Choose one: Add CalPERS as a Plan Provider (new enrollments only) Add CalPERS as an exclusive Plan Provider and convert assets — See Section III Asset Transfer Information

II. Contribution Information

Frequency of Payroll Deductions Weekly Bi-weekly Semi Monthly Monthly*I understand a payroll contribution file will be submitted through my|CalPERS* EFT Debit payment will be submitted via my|CalPERS EFT Credit payment will be submitted via my|CalPERS Check payment will be submitted with my|CalPERS Remittance AdviceMake check payable to **CalPERS 457 Plan** and include **Plan ID #**, and submit by standard mail or overnight.**Please mail your documentation to one of the following addresses:****Standard Delivery: (Standard Mail)**CalPERS 457 Plan
P.O. Box 942713
Sacramento, CA 94229-2713**Overnight Delivery:**CalPERS 457 Plan
400 Q Street
Sacramento, CA 95811

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III. Asset Transfer Information

(Complete ONLY if conducting a conversion into the CalPERS 457 Plan)

Former Plan Provider _____

Total Number of Employees _____

Address _____

City / State / Zip _____

Payroll Contact _____

Email _____

Telephone _____

IV. Signatures

Print Name: _____

Title _____

Employee Signature: _____

Date: _____

New Employer Plan Number assigned by CalPERS: 4 5 ___ ___ ___