

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

APPLICATION FOR ELECTRONIC DIRECT DEPOSIT

(Note: This applies to participants receiving Scheduled Installment Payments ONLY)

I. PARTICIPANT INFORMATION				
Last Name		First Name		Middle Initial
CalPERS ID	Social Security Number		Date of Birth	
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: 45 - _____	
III. FINANCIAL INSTITUTION INFORMATION				
Name of Financial Institution			Branch	
Address (number and street)		City	State	Zip Code
Telephone Number	Routing Number	Depositor Account Number		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
IV. PARTICIPANT AUTHORIZATION				
<ul style="list-style-type: none"> I am currently receiving installment payments from the CalPERS Supplemental Income 457 Plan maintained by my Employer referenced above. I hereby request that beginning with the next installment payment, payments be deposited by State Street Bank and Trust Company into my account at the financial institution named below. In the event of an over deposit, State Street Bank may adjust my account in the 457 Program if feasible. If not feasible, State Street Bank and Trust Company is also authorized to debit my account to adjust any over deposit which it has caused to be made to my financial institution account as a result of the deposit. This authorization will remain in effect until further written notice from me is filed with State Street Bank and Trust Company, and shall cease upon notice of my death. 				
Payee's (Participant's) Signature			Date	