

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

DIRECT ROLLOVER REQUEST FORM

For Rollovers Into the CalPERS Supplemental Income 457 Plan From Another Type of Plan [IRA, 401(k), 401(a), or 403(b)]*			
To the Administrator of my: <input type="checkbox"/> Individual Retirement Account (IRA) <input type="checkbox"/> 401(k) Plan <input type="checkbox"/> 401(a) Plan <input type="checkbox"/> 403(b) Tax Sheltered Annuity	(IRA/Plan Administrator)		
Mailing Address (number and street)			
City		State	Zip Code
Account Number	Plan Name/Number		
Pursuant to Internal Revenue Code sections 401(a)(31)(C) and 402(8)(B), an "eligible retirement plan" eligible to receive a direct rollover includes an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).			
<ul style="list-style-type: none"> I have an account in the above referenced plan and am eligible to receive a direct rollover distribution from the plan. I request a direct (trustee to trustee) rollover of my entire account balance to the CalPERS Supplemental Income 457 Plan, which is an eligible retirement plan in which I participate with my current employer. The CalPERS Supplemental Income 457 Plan is a governmental 457 deferred compensation plan and trust as defined by Section 457(b) of the Internal Revenue Code, agrees to accept my direct rollover, as certified below, and to account for the rollover separately. Please execute my direct rollover request by issuing a check for the full amount of my account balance made payable to: CalPERS Supplemental Income 457 Plan, FBO _____ (Insert your name) Please send the check and a statement of my closing account balance to my address of record as indicated below. 			
I. PARTICIPANT INFORMATION			
Last Name		First Name	Middle Initial
CalPERS ID		Social Security Number	Date of Birth
Mailing Address (number and street)		City	State
Telephone Number (work)		Telephone Number (home)	Email Address
II. EMPLOYER INFORMATION			
Employer Name:		Agency Plan Number: 45__ - __ __ __	
III. SIGNATURES REQUIRED			
I certify that all of the assets to be rolled over to the CalPERS Supplemental Income 457 Plan are eligible for rollover. I hereby request a direct rollover (Trustee to Trustee) of my account to the CalPERS Supplemental Income 457 Plan.			
Participant's Signature		Date	
I certify that the CalPERS Supplemental Income 457 Plan is an eligible retirement plan and agrees to accept the direct rollover of funds from the participant named above.			
CalPERS Authorized Signature		Date	

*See Page 2 for instructions to complete the Rollover Request process.



DIRECT ROLLOVER REQUEST FORM

Instructions for completing Direct Rollover Request Process

After receiving the check from your former plan or IRA, send the following to:

CalPERS Supplemental Income 457 Plan
P O Box 5166
Boston, MA 02206-5166

1. Copy of this completed Direct Rollover Request Form
2. Rollover check payable to **CalPERS Supplemental Income 457 Plan, FBO (Insert your name)**
3. Completed Rollover Contribution form (Note: Rollover Contribution Form needs to be submitted with check)