

# 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

## EMERGENCY WITHDRAWAL REQUEST FORM

### 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

<b>Employer Name:</b>	<b>Agency Plan Number:</b> 45 - _____
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### III. AMOUNT NEEDED

I request a withdrawal of  \$ \_\_\_\_\_ or  \_\_\_\_\_ % from the CalPERS Supplemental Income 457 Plan to cover the unforeseeable emergency described below. I need the entire amount to cover the emergency, plus taxes on the withdrawal.

### IV. NATURE OF EMERGENCY

All requests must be reviewed and approved by your Employer to verify that your need is an "unforeseeable emergency" as defined by Internal Revenue Code 457. An unforeseeable emergency is a circumstance of severe financial hardship resulting from a sudden and unexpected illness or accident of the participant or of a dependent, loss of property due to casualty or other similar extraordinary or unforeseeable circumstance arising from events beyond the control of the Participant. Describe the situation - attach additional sheets if needed. (Appropriate documentation must be provided before approval).

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### V. INVESTMENT DISTRIBUTION ELECTION

Your emergency withdrawal will be distributed pro rata from your investment funds, unless you specify a preference by indicating below the percentage of your emergency withdrawal you want distributed from each Investment Option.

Fund No.	Fund Name	% Dist.	Fund No.	Fund Name	% Dist.
<b>CALPERS ASSET ALLOCATION FUNDS</b>			<b>Core Funds</b>		
<b>CalPERS Target Retirement Date Funds</b>			<b>Fixed Income Funds</b>		
1A	CalPERS Target Retirement Date Income Fund	%	20	Short-Term Investment Fund	%
1B	CalPERS Target Retirement Date 2005 Fund	%	47	PIMCO Short-Term Bond Fund	%
1C	CalPERS Target Retirement Date 2010 Fund	%	37	CalPERS Total Return Bond Fund	%
1D	CalPERS Target Retirement Date 2015 Fund	%	36	CalPERS Treasury Inflation Protected Securities Fund	%
1E	CalPERS Target Retirement Date 2020 Fund	%	<b>Equity Funds</b>		
1F	CalPERS Target Retirement Date 2025 Fund	%	40	CalPERS S&P 500 Equity Index Fund	%
1G	CalPERS Target Retirement Date 2030 Fund	%	39	AllianceBernstein Active Large Cap Equity Value Fund	%
1H	CalPERS Target Retirement Date 2035 Fund	%	38	Turner Active Large Cap Equity Growth Fund	%
1I	CalPERS Target Retirement Date 2040 Fund	%	41	CalPERS Small/Mid Cap Equity Index Fund	%
1J	CalPERS Target Retirement Date 2045 Fund	%	54	The Boston Company Small/Mid Value Fund	%
1K	CalPERS Target Retirement Date 2050 Fund	%	53	The Boston Company Small/Mid Growth Fund	%
<b>CalPERS Risk Based Asset Allocation Funds</b>			42	CalPERS International Index Fund	%
8G	CalPERS Conservative Asset Allocation Fund	%	56	Pyramis Select International Fund	%
8H	CalPERS Moderate Asset Allocation Fund	%			
8I	CalPERS Aggressive Asset Allocation Fund	%			
<b>TOTAL PERCENTAGE OF DISTRIBUTION</b>					%

### VI. CERTIFICATE OF NEED

I certify that I need the amount shown in Section III above to meet the unforeseeable emergency described in Section IV, and that this emergency creates a severe financial hardship that I am not able to relieve: (1) through reimbursement or compensation by insurance or otherwise; (2) by liquidation of my assets (including assets of my spouse and minor children that are reasonably available to me), to the extent liquidation itself would not cause severe financial hardship; and (3) by stopping my contributions to the CalPERS Supplemental Income 457 Plan.

### VII. SIGNATURES REQUIRED

<b>Participant's Signature</b>	<b>Date</b>
<b>Employer's Signature</b>	<b>Date</b>