

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

INTER-PLAN TRANSFER FORM

(Transfers from a Previous Employer's CalPERS 457 Plan to the Current Employer's CalPERS 457 Plan)

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. CURRENT EMPLOYER INFORMATION

Employer Name:	Agency Plan Number: 45__ - __ __ __ __
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III. PREVIOUS EMPLOYER INFORMATION

Employer Name:	Agency Plan Number: 45__ - __ __ __ __
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- I certify that I am eligible for distribution from my previous employer's CalPERS Supplemental Income 457 Plan. I understand that once this transfer is complete, this money will no longer be eligible for distribution until separation of service from this employer.
- Separation date from previous employer: _____.
- I hereby request a transfer in full of my account balances in the CalPERS 457 Plan under my previous employer to my CalPERS 457 Plan account with my current employer. I understand my investment fund balance(s) from the previous CalPERS 457 Plan will be transferred to the same investment funds as in my current CalPERS 457 Plan.

Participant's Signature	Date
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Return completed form to your current employer for submission to Plan Administrator.