

# 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

## ROLLOVER REQUEST FORM for CalPERS SERVICE CREDIT PURCHASE

**(PLEASE NOTE: You must be permanently separated from your employer before a rollover may be completed.)**

### 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. ROLLOVER DISTRIBUTION OPTIONS

You may elect to rollover all of your account or part of your account in order to purchase service credit with CalPERS. Please be aware that taking a full account rollover / distribution will **permanently close** the account.

- FULL ACCOUNT ROLLOVER**  I hereby elect to rollover my account in full.
- PARTIAL ACCOUNT ROLLOVER**  I hereby elect to rollover the following partial lump sum amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %.

### IV. INVESTMENT DISTRIBUTION OPTIONS

The rollover you are requesting will be distributed pro rata from your investment funds, unless you specify a preference by indicating below the percentage of your 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 INVESTMENT 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>Risk Based Funds</b>			42	CalPERS International Index Fund	%
8G	Conservative Asset Allocation Fund	%	56	Pyramis International Select Fund	%
8H	Moderate Asset Allocation Fund	%			
8I	Aggressive Asset Allocation Fund	%			
<b>TOTAL PERCENTAGE OF DISTRIBUTION (MUST EQUAL 100%)</b>					%

### V. SIGNATURES REQUIRED

Participant's Signature	Date
As the employer, I certify that the employee named above has terminated employment and is eligible to receive a distribution from the CalPERS Supplemental Income 457 Plan.	Separation Date
Employer's Signature	Date



## ROLLOVER REQUEST FORM for CalPERS SERVICE CREDIT PURCHASE

### Instructions for Rollover Request Process to Purchase CalPERS Service Credit

Use this form if you intend to purchase service credit in the CalPERS pension plan **at or after** you permanently separate from employment – for example when you leave employment or retire. Note: Your request for service credit cost information form must have been received by CalPERS prior to retirement or separation of service to process this rollover request.

1. Complete Sections I through IV, and sign the form in Section V. If this is your **initial** distribution from the CalPERS Supplemental Income 457 Plan, your employer must also sign the form to verify that you have permanently separated from employment.

2. Mail the following to:

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

1. Completed "Rollover Request Form"
2. Completed **CERTIFICATION FORM: Plan-to-Plan Transfers and Direct Rollovers (PERS-MSD-354B)**. For more information, please contact CalPERS at 888-225-7377 or visit the website at <http://www.calpers.ca.gov/>.

3. Upon receipt of the check (approximately 2-3 weeks from mail date of Rollover Request Form), send the following to:

CalPERS Member Services Division  
P O Box 942704  
Sacramento, CA 94229-2704

1. Check made payable to CalPERS FBO (your name),
2. Completed CalPERS Certification Form: Plan-to-Plan Transfers and Rollovers (PERS-MSD-354B). (This should be returned with your check, signed by the Plan Administrator.)
3. Completed "Election to Purchase" form that came in your service credit election packet

**IMPORTANT NOTE: Make a copy of each document (including the distribution check) for your records before you mail them. If you have any questions about the above process call 1-888-225-7377 or visit the website at [www.calpers.ca.gov](http://www.calpers.ca.gov).**