



SUPPLEMENTAL INCOME PLANS

SELF-MANAGED ACCOUNT EMPLOYER ENROLLMENT State Street Brokerage*

I. GENERAL INFORMATION

Employer Name: _____ Employer Plan Number: **450** ___ ___ ___
Contact Name: _____ Telephone # _____

II. ADOPTION OF CALPERS 457 Self-Managed Account Option

By signing this form, the Employer, the sponsor of the Plan referenced above, which began participating in the CalPERS 457 Program pursuant to an Adoption Agreement dated _____, _____, hereby adopts the CalPERS 457 Self-Managed Account Option as one of the investment options available under the plan.

III. SIGNATURES

Employer's Signature _____ Date ___ ___ / ___ ___ / ___ ___

Would you like to keep Self-Managed Accounts Enrollment Kits on hand Yes No

If yes, please indicate the number of kits requested _____

*State Street Brokerage, a division of State Street Capital Markets, LLC. Member of NASD, SIPC, BSE

Standard Delivery: CalPERS 457 Plan
Attn: Administration
P.O. Box 2647
Lewiston, ME 04241

Overnight Delivery: ING
CalPERS 457 Plan Administration
1775 Lisbon Road
Lewiston, ME 04240

Fax Delivery: (888) 228-6185