



# CalPERS Supplemental Income 457 Plan PARTICIPANT CHANGE AUTHORIZATION FORM

**Note to Employee:** Check the boxes below for all that apply. Be sure to sign this completed form and submit to your Employer for processing.

☐ CHANGE AMOUNT OF CONTRIBUTION

☐ SUSPEND CONTRIBUTIONS

☐ CATCH-UP PROVISION

☐ CHANGE IN MARITAL STATUS OR DOMESTIC PARTNERSHIP

**Changes to your investment elections**, including rebalancing your Plan account or requesting fund transfers, must be done by accessing your account on-line at <https://calpers.voya.com> or by calling the toll-free Plan Information Line at 1-800-260-0659. Investment fund changes submitted on this form will not be accepted.

**Changes to your name and address, or corrections to your date of birth:**

- If you are an active member, please submit your name and address changes, or date of birth corrections to your employer.
- If you are a retired or separated member, please submit your name and address changes, or date of birth corrections directly to CalPERS by calling toll-free, 888-CalPERS (225-7377).

## 1. PARTICIPANT INFORMATION (please print clearly)

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL  
SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CalPERS ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_ AGENCY PLAN NUMBER: 45 \_\_\_\_ - \_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

## 2. CHANGE CONTRIBUTION AMOUNT

1. Check the box below, and enter the dollar amount or percentage of pay you currently contribute to the CalPERS Supplemental Income 457 Plan per pay period, and the dollar amount or percentage you want to contribute.

☐ I hereby **elect to change** my contribution amount FROM \$ \_\_\_\_\_ or \_\_\_\_\_ % TO \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

☐ I hereby elect to change my **employer** contribution amount \$ \_\_\_\_\_ to \_\_\_\_\_ % TO \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

2. Check the box below for "Next qualifying pay period", and your new contribution or percentage amount will commence the month following the date on which you make this election, unless you enter a specific effective date below.

Request change to be effective: ☐ Next qualifying pay period OR ☐ Specific date \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## 3. SUSPEND CONTRIBUTIONS

1. Check the box below to suspend contributions to the CalPERS Supplemental Income 457 Plan.

☐ I hereby **elect to suspend** contributions.

2. Check the box below for "Next qualifying pay period", and your contribution will be suspended the month following the date on which you make this election, unless you enter a specific effective date below.

Request change to be effective: ☐ Next qualifying pay period OR ☐ Specific date \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

#### 4. CATCH-UP PROVISION

1. If you are age 50 or older, you may take advantage of contributing more than the annual limit. Check the box indicating you will use the catch-up method.

☐ I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method.

2. The Special Catch-up Method may be used during the three tax years immediately preceding the tax year in which you have designated your "normal retirement age."

• Check the box indicating you will use this catch-up method.

• Complete the separate form entitled "Special Catch-up Worksheet" to designate your "normal retirement age" and determine the amount of underutilized deferrals from previous years for which you are eligible to "catch-up" contributions.

☐ I am using the Special 457 Catch-up method and have completed the Special 457 Catch-Up Method Worksheet.

#### 5. CHANGE IN MARITAL STATUS OR DOMESTIC PARTNERSHIP

☐ I am legally married or in a domestic partnership.

☐ I am not married or in a domestic partnership.

Please indicate:

☐ Divorced ☐ Widowed ☐ DP-Terminated

#### 6. SIGNATURES REQUIRED

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note to Employer:** Be sure this form is signed by both the participant and the employer. Please submit this completed form by fax or mail:

**FAX DELIVERY:**

Voya Financial  
Attn: CalPERS  
1-888-228-6185

**US MAIL DELIVERY:**

Voya Financial  
Attn: CalPERS  
P.O. Box 24747  
Jacksonville, FL 32241-4747

**OVERNIGHT DELIVERY:**

Voya Financial  
Attn: CalPERS  
8900 Prominence Parkway  
Jacksonville, FL 32256-8264

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at <https://calpers.voya.com>. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).