



CalPERS Supplemental Income 457 Plan EMPLOYEE NEW ENROLLMENT FORM

1. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ CalPERS ID (Optional): _____

EMPLOYER NAME: _____ AGENCY PLAN NUMBER: 4 5 - - - -

PARTICIPANT MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ HOME PHONE: _____ E-MAIL: _____

MARITAL STATUS: Are you legally married or in a domestic partnership?

YES, I am legally married or in a domestic partnership

NO, I am not legally married or in a domestic partnership

2. EMPLOYEE CONTRIBUTION ELECTION

Enter the dollar amount or percentage of pay you wish to contribute to the CalPERS Supplemental Income 457 Plan per pay period. Your contribution will commence with the next available pay period unless you specify a later effective date.

Pre-tax - I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to deduct \$ _____ or _____% from my gross wages and deposit this amount into my account in the Plan.

Roth - I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to deduct \$ _____ or _____% from my gross wages and deposit this amount into my account in the Plan.

Contributions will be deducted per pay period effective: Next qualifying pay period **OR** Specific date ____/____/____.

To make future changes to the amount of your contribution, to suspend contributions, or to make changes to your personal information, complete the **Participant Change Authorization** form found on the Plan Web site.

3. EMPLOYER CONTRIBUTION ELECTION

(Complete ONLY if your employer makes a contribution to the Plan on your behalf)

I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to contribute \$ _____ of my employer's contribution to the Plan per Pay Period and deposit this amount into my account in the Plan (called "contributions" or "contribution amount").

Contributions will be deducted per pay period effective: Next qualifying pay period **OR** Specific date ____/____/____.

4. OPTIONAL – CATCH-UP PROVISION

You may only use ONE catch-up option during the tax year. Only complete if you wish to use a catch-up provision and are eligible.

I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method. I will be contributing more than the annual limit of \$23,000 (subject to IRS limits of \$7,500 for 2024).

I am using the Special 457 Catch-up method. This feature allows me to contribute more than the normal maximum annual deferral amount – an additional \$23,000 in 2024 (for a total contribution of \$46,000) – to "Catch-Up" for earlier years when I did not contribute the maximum amounts allowed. I must complete the **Three Year Special 457(b) Catch-Up Worksheet** found on the Plan Web site.

******This Form is not complete without the required Employer and Participant signatures on page 2 and will be rejected if any information is missing. Please be sure to mail or fax BOTH pages for processing.*****