

CalPERS Supplemental Income 457 Plan PARTICIPANT CHANGE AUTHORIZATION FORM

Check the boxes below for all that apply (If no boxes are checked, this form will be rejected and will not be processed):					
CHANGE AMOUNT OF CONTRIBUTION	N us	ISPEND CONTRIBUTIONS			
☐ CATCH-UP PROVISION	CH/	HANGE 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.voyaplans.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 cl	early)				
NAME:		BIRTH DATE:			
LAST NAME	FIRST NAME	MIDDLE INITIAL			
SOCIAL SECURITY NUMBER:	Cal	IPERS ID:			
EMPLOYER NAME:	AGE	GENCY PLAN NUMBER: 45			
WORK PHONE:	НОГ	DME PHONE:	_		
E-MAIL ADDRESS:					
O CHANGE CONTRIBUTION AMOUNT					
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.					
		% T0 \$% 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 suspeded 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 D Specific date//					
request change to be encetive. Heat qualifying	, pay portou on a o	,			

4. CATCH-UP PROVISION		
 2. The Special Catch-up Method may be us designated your "normal retirement age. Check the box indicating you will use t Complete the separate form entitled "S amount of underutilized deferrals from p 	tax year and am using the Age 50 Catched during the three tax years immediately this catch-up method.	rup method. preceding the tax year in which you have your "normal retirement age" and determine the "catch-up" contributions.
5. CHANGE IN MARITAL STATUS O	R DOMESTIC PARTNERSHIP	
I am legally married or in a domestic p 6. SIGNATURES REQUIRED	Please indica	narried or in a domestic partnership. ate: DP-Terminated
PARTICIPANT'S SIGNATURE:		DATE:
		DATE:
Please submit your completed form by	y fax or mail:	
FAX DELIVERY: Voya Financial, Plan Administration Attn: CalPERS 1-888-228-6185	US MAIL DELIVERY: Voya Financial, Plan Administration Attn: CalPERS P.O. Box 5166 Boston, MA 02206-5166	OVERNIGHT DELIVERY: Voya Financial, Plan Administration Attn: CalPERS 30 Braintree Hill Office Park Braintree, MA 02184