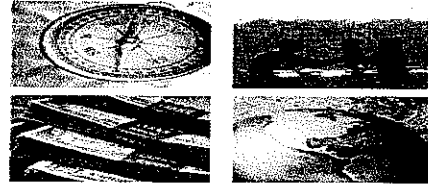


your *Helping you achieve*
dreams
for the *future.*



How to Enroll in the CalPERS 457 Plan

5 Minutes is all it takes

STEP 1

Locate the "**Employee Action Form**" included in the left-hand side of this packet.

- Check box labeled "New Enrollment" at the top of the form.
- **Complete Section I** - Personal Information
 - (Name Address Telephone & Social Security Numbers)
- **Complete Section II**
 - Name of your Agency and the Employer Plan Number
(Plan Number provided by employer)

STEP 2

In Section III

A. (Deferral Election)

- You will need to choose a dollar amount to be deducted from your paycheck. This amount will automatically be deducted each pay period. You may choose to begin "Next Pay Period" or select a "Specific Date."

In Section III

B. (Investment Allocation of Deferral)

- Direct CalPERS to invest your contributions using the Eight Core funds and or Three Asset Allocation funds (Based on Conservative, Moderate or Aggressive Investments).
- Enclosed in this enrollment packet is a single-page worksheet titled "**Investment Strategies for Your Consideration**" and a questionnaire titled "**Think Big**." Refer to these worksheets for assistance in determining your investment style (conservative, moderate or aggressive).
 - Remember that the total percentage must equal 100%. You may also combine the Core Funds with the Asset Allocation Funds. The combination must still equal 100%.
- **Section IV.** Sign where the form indicates Participant's Signature

STEP 3

- Locate and complete the "**Beneficiary Designation Form**" included in the enrollment packet. **Return both forms to your Personnel/Payroll Department.**

The **Account Transfer Form** allows you to transfer an existing 457 account into the CalPERS 457 Program from another provider with your current employer. Once completed, return this form to your Personnel/Payroll Department.

You may also rollover your account from a 401(k) Plan, a 403(b) Plan, a 401(a) Plan or an Individual Retirement Account (IRA) into the CalPERS 457 Program. Ask your Personnel/Payroll Department for a Rollover Contribution Form.

If you have any questions, please call our toll-free number: 1 (800) 260-0659

CalPERS 457 DEFERRED COMPENSATION PROGRAM

California Public Employees Retirement System
CalPERS 457 Deferred Compensation Program
<https://calpers.csplans.com>

P O Box 2647
Lewiston, ME 04241
1-800-260-0659

BENEFICIARY DESIGNATION FORM

Complete this form to designate beneficiaries who will receive your 457 Plan benefits in the event of your death.

Initial Enrollment

Change of Beneficiary

I. PARTICIPANT INFORMATION

Participant Name: _____ Social Security Number _____ - _____ - _____

Telephone Number(s) () _____ Wk Mailing Address _____ Street
() _____ Hm _____ City _____ State _____ Zip _____

II. EMPLOYER INFORMATION

Employer Name: _____ Employer Plan Number: 450 _____

III. BENEFICIARY INFORMATION

In the event of your death, your 457 account will be paid to the primary beneficiary(ies) you name below. If your primary beneficiary(ies) is not living at the time of your death, your 457 account will be paid to the secondary (contingent) beneficiary(ies) you name below. You may name a Trust as a primary or secondary beneficiary.

Primary Beneficiary (ies) (attach separate sheet if necessary)

	<u>Last Name</u>	<u>First</u>	<u>M.I</u>	<u>Social Security No.</u>	<u>Relationship/ Date of Birth</u>	<u>Percentage</u>
1.	_____	_____	_____	____-____-____	_____	_____
2.	_____	_____	_____	____-____-____	_____	_____
3.	_____	_____	_____	____-____-____	_____	_____
4.	_____	_____	_____	____-____-____	_____	_____

Secondary (Contingent) Beneficiary (ies)

	<u>Last Name</u>	<u>First</u>	<u>M.I</u>	<u>Social Security No.</u>	<u>Relationship/ Date of Birth</u>	<u>Percentage</u>
1.	_____	_____	_____	____-____-____	_____	_____
2.	_____	_____	_____	____-____-____	_____	_____
3.	_____	_____	_____	____-____-____	_____	_____
4.	_____	_____	_____	____-____-____	_____	_____

IV. PARTICIPANT'S SIGNATURE

I hereby revoke all previous designations of beneficiary for this plan. I certify that the information in Section III is correct; and reserve the right to change my Beneficiary Designation at any time by completing a new form and filing it with the CalPERS 457 Program

Participant's Signature _____ Date ____/____/____

CalPERS 457 DEFERRED COMPENSATION PROGRAM

California Public Employees Retirement System
 CalPERS 457 Deferred Compensation Program
<https://calpers.csplans.com>

P O Box 2647
 Lewiston, ME 04241
 1-800-260-0659

457 ACCOUNT TRANSFER FORM

(For transfers into the CalPERS 457 Program from another 457 Plan Provider offered by your Current Employer)

I. PARTICIPANT INFORMATION

Participant Name: _____ Social Security Number _____

Telephone Number(s) () _____ Wk _____ Mailing Address _____ Street _____
 () _____ Hm _____ City _____ State _____ Zip _____

II. EMPLOYER INFORMATION

Employer Name _____ Employer Plan Number 450 _____

III. CURRENT PROVIDER INFORMATION (Provider from which you are transferring assets)

Current Plan Provider: _____ Account Number _____

IV. TRANSFER INSTRUCTIONS (To Current Provider)

Indicate a dollar amount or percentage of your total account you want to transfer from the Current Plan Provider named above to the CalPERS 457 Program.

\$ _____ _____ % Transfer my account from the Funds below in the amount or percentage indicated:

Fund Name _____ \$ _____ Or _____ %
 Fund Name _____ \$ _____ Or _____ %
 Fund Name _____ \$ _____ Or _____ %

Wire Assets to: **State Street Bank** ABA#: **011000028** Account Name: **CalPERS 457 Plan** Account Number: **02820553**

Make Check Payable to: **CalPERS 457 Program, FBO Participant Name (Include SS# & CalPERS Emplr Plan # _____ on the check)**

V. INVESTMENT ALLOCATION INSTRUCTIONS (To CalPERS 457 Program)

Indicate the percentages of your total transfer amount that you want allocated among the CalPERS 457 Plan's investments in the boxes below. If investment allocation instructions are not provided or are unclear, the CalPERS 457 Plan administrator will allocate the assets to the CalPERS Money Market Fund.

Note: Enter Whole Percentages Only. Percentages must add to 100%

Money Market Fund	Stable Fixed Income Fund	Bond Fund	S&P 500 Equity Index Fund	Active Large-Cap Equity Fund	Russell 2000 Equity Index Fund	Active Small Cap Equity Fund	International Equity Fund	Asset Alloc Fund Conservative	Asset Alloc Fund Moderate	Asset Alloc Fund-Aggressive	Insured Money Market Account

VI. SIGNATURES

Participant's Signature _____ Date ____/____/____

As Employer of the participant named above, I certify that the CalPERS 457 Program is another Plan Provider under our 457 plan.

Employer's Signature _____ Date ____/____/____

I certify that the CalPERS 457 Program agrees to accept the transfer of funds from the participant named above.

CalPERS Authorized Signature _____ Date ____/____/____
 Printed Name _____ Signature _____

Deferred Compensation Program

Investment Strategies for Your Consideration

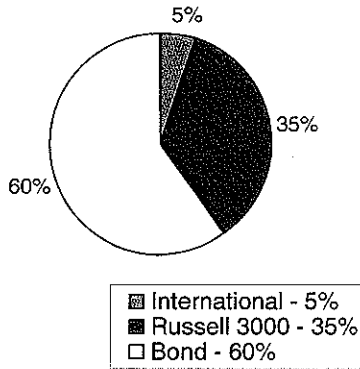
You must indicate how you want your money to be invested on the Employee Action form. Your choice must total 100%.

For Example:

You may select one of the Asset Allocation Funds based on your risk tolerance:

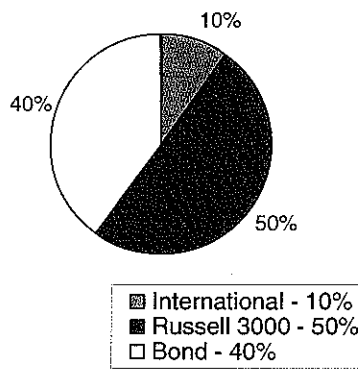
Scenario 1 – Conservative Asset Allocation

Conservative	Moderate	Aggressive
100%		



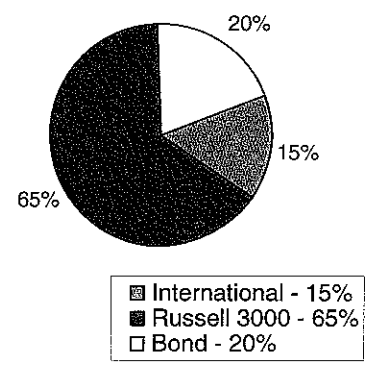
Scenario 2 – Moderate Asset Allocation

Conservative	Moderate	Aggressive
	100%	



Scenario 3 – Aggressive Asset Allocation

Conservative	Moderate	Aggressive
		100%



AND/OR you may create your own portfolio from the Core Funds. Examples:

Conservative

Stable Fixed Income	S & P 500	Active Large	Active Small	International
60%	15%	10%	10%	5%

Moderate

Stable Fixed Income	Bond	S & P 500	Active Large	Active Small	International
10%	30%	23%	10%	17%	10%

Aggressive

Bond	S & P 500	Active Large	Active Small	International
20%	30%	15%	25%	10%

These are sample portfolio mixes using the CalPERS Core Fund. You should adjust your own portfolio based on your individual savings goal and risk tolerance. Remember, the more time that you have before you need your savings, the more aggressive you may want to be.