



CalPERS Supplemental Income 457 Plan
INTER-PLAN TRANSFER FORM

(Transfers from a Previous Employer's CalPERS 457 Plan to the Current Employer's CalPERS 457 Plan)

1. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____
 CalPERS ID (Optional): _____

EMPLOYER NAME: _____ AGENCY PLAN NUMBER: 45 - _____

PARTICIPANT MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

2. CURRENT EMPLOYER INFORMATION

EMPLOYER NAME: _____ AGENCY PLAN NUMBER: 45 - _____

3. PREVIOUS EMPLOYER INFORMATION

EMPLOYER NAME: _____ AGENCY PLAN NUMBER: 45 - _____

4. SIGNATURES REQUIRED

- Separation date from previous employer: ____/____/____.
- I hereby request a transfer in full of my account balances in the CalPERS 457 Plan under my previous employer to my CalPERS 457 Plan account with my current employer. I understand my investment fund balance(s) from the previous CalPERS 457 Plan will be transferred to the same investment funds as in my current CalPERS 457 Plan.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

EMPLOYER'S SIGNATURE: _____ DATE: _____

Your current employer must sign and date prior to submitting form for processing.

Please submit your 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
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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).