

## 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 INFORMA	TION (please print clearly)	
NAME:		SOCIAL SECURITY NUMBER:
		CalPERS ID (Optional):
EMDI OVED NAME:		AGENCY PLAN NUMBER: 4 5
		APT:
		STATE:ZIP CODE:
WORK PHONE:	HOME PHONE:	E-MAIL:
2. CURRENT EMPLOYER IN	FORMATION	
FMDLOVED MARKE.		ACENOV DI AN NUMBER. AE
EMPLOYER NAME:		AGENCY PLAN NUMBER: 45
3. PREVIOUS EMPLOYER II	NEODMATION	
3. FILLVIOUS LIVIFLUTLIK II	VI ORIVIATION	
EMPLOYER NAME:		AGENCY PLAN NUMBER: 45
4. SIGNATURES REQUIRED	<u> </u>	
Separation date from previous employer:/		
<ul> <li>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.</li> </ul>		
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PARTICIPANT'S SIGNATURE:		
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:	US MAIL DELIVERY:	OVERNIGHT DELIVERY:
Voya Financial	Voya Financial	Voya Financial
Attn: CalPERS	Attn: CalPERS	Attn: CalPERS
1-888-228-6185	P.O. Box 389	One Orange Way Windsor, CT 06095
	Hartford, CT 06141	Willusof, CT 00095
w 1	H.H. III I. I. J. 4 000 000 000	
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 <a href="https://calpers.voya.com">https://calpers.voya.com</a> . Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market		
holidays).		