



**CalPERS Supplemental Income 457 Plan**  
**APPLICATION FOR ELECTRONIC DIRECT DEPOSIT**

**(NOTE: THIS APPLIES TO PARTICIPANTS RECEIVING SCHEDULED INSTALLMENT PAYMENTS ONLY)**

**1. PARTICIPANT INFORMATION** (please print clearly)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 EMPLOYER NAME: \_\_\_\_\_ CALPERS ID: \_\_\_\_\_  
 AGENCY PLAN NUMBER: 4 5 \_\_\_\_\_  
 PARTICIPANT MAILING ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**2. FINANCIAL INSTITUTION INFORMATION**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
 BRANCH: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 MAILING ADDRESS (NUMBER AND STREET): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 ROUTING NUMBER: \_\_\_\_\_ DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_  
 CHECKING  SAVINGS

**3. PARTICIPANT AUTHORIZATION**

- I am currently receiving installment payments from the CalPERS Supplemental Income 457 Plan maintained by my Employer referenced above. I hereby request that beginning with the next installment payment, payments be deposited by State Street Bank and Trust Company into my account at the financial institution named above.
- In the event of an over deposit, State Street Bank may adjust my account in the 457 Program if feasible. If not feasible, State Street Bank and Trust Company is authorized to debit my financial institution account to adjust any over deposit.
- This authorization will remain in effect until I file further written notice with State Street Bank, and shall cease upon notice of my death.

*I hereby certify under the pains and penalties of perjury that the information furnished herein is true, accurate and complete.*

PAYEE'S (PARTICIPANT'S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit your completed form by fax or mail:**

<b>FAX DELIVERY:</b> Voya Financial Attn: CalPERS 1-888-228-6185	<b>US MAIL DELIVERY:</b> Voya Financial Attn: CalPERS P.O. Box 24747 Jacksonville, FL 32241-4747	<b>OVERNIGHT DELIVERY:</b> 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).