

# CalPERS 457 DEFERRED COMPENSATION PROGRAM

California Public Employees' Retirement System  
 PERS 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 \_\_\_\_\_