

- New Enrollment     Deferral Change     Name/Address Change    *(Check all that apply)*

INSTRUCTIONS

- Step 1:** Complete sections I and II.  
**Step 2:** Section III (A): Decide the dollar amount or percentage of pay you would like to contribute per pay period.  
**Step 3:** Section III (B): Choose your investments. Select the one Target Retirement Fund closest to your retirement date or select a mix of core and risk-based fund offerings.  
**Step 4:** Sign this form and the beneficiary form and return to your Personnel/Payroll Department.

**I. Participant Information**

Participant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Former Name, if applicable \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**II. Employer Information**

Employer Name \_\_\_\_\_ Employer Plan Number \_\_\_\_\_

**III. Deferral Information**

**A. Deferral Election** Indicate the dollar amount or percentage of pay you wish to defer into the CalPERS 457 Program per pay period. Your Deferral will commence in the month following the date on which you make this deferral election.

- I elect to defer \$ \_\_\_\_\_ OR % \_\_\_\_\_ from my salary per pay period effective  Next available pay period  Specific Date \_\_\_/\_\_\_/\_\_\_  
 I elect to change my deferral from \$ \_\_\_\_\_ OR % \_\_\_\_\_ Per Pay Period to \$ \_\_\_\_\_ OR % \_\_\_\_\_ effective  Next available pay period  Specific Date \_\_\_/\_\_\_/\_\_\_  
 I elect to suspend deferrals to \_\_\_\_\_ effective  Next available pay period  Specific Date \_\_\_/\_\_\_/\_\_\_

*(Complete ONLY if you are eligible to use either one of the catch-up methods below and you are electing to do so. You may use one but not both during the same tax year)*

- I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method  
 I am using the Special 457 Catch-up. I have also completed the separate form entitled "Declaration of Normal Retirement Age/Special 457 Catch-up Method Worksheet".

**B. Investment Allocation of Deferral** Indicate below the deferral amount that you want allocated among the Plan's investments. Your current and future deferrals will be invested according to the allocation percentages you enter below. Allocations must equal 100%. If investment allocation instructions are not provided or your instructions are unclear, the administrator will allocate the assets to the appropriate Target Retirement Fund.

Target Retirement Date Funds	
31 SSgA Target Retirement Income Fund	_____
32 SSgA Target Retirement 2010 Fund	_____
33 SSgA Target Retirement 2020 Fund	_____
34 SSgA Target Retirement 2030 Fund	_____
35 SSgA Target Retirement 2040 Fund	_____

Risk-Based Funds	
80 SSgA Conservative Asset Allocation Fund	_____
84 SSgA Moderate Asset Allocation Fund	_____
88 SSgA Aggressive Asset Allocation Fund	_____

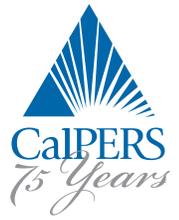
Core Funds	
20 SSgA Stable Fixed Income Fund	_____
36 CalPERS Treasury Inflation Protected Securities Fund	_____
37 CalPERS Total Return Bond Fund	_____
40 CalPERS S&P 500 Equity Index Fund	_____
39 AllianceBernstein Active Large Cap Equity Value Fund	_____
38 Turner Active Large Cap Equity Growth Fund	_____
41 CalPERS Small & Mid Cap Equity Index Fund	_____
42 CalPERS International Index Fund	_____
43 SSgA Select Active International Fund	_____



**IV. Signatures**

I authorize my employer to deduct from payroll the amounts indicated above for deferral into the CalPERS 457 Program. I understand that the elections and/or designations I have authorized above will remain in force until I authorize a change in accordance with the provisions of the Plan.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_



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

New Enrollment       Change of Beneficiary

**I. Participant Information**

Participant Name _____		Social Security Number _____	
Title and Department _____		Date of Birth _____	
Address _____	City _____	State _____	Zip _____
Work Telephone _____	Email Address _____		

**II. Employer Information**

Employer Name _____	Employer Plan Number _____
---------------------	----------------------------

**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)*

Last Name	First Name	MI	Social Security Number	Relationship	Date of Birth	Percentage
1) _____	_____	_____	- -	_____	/ /	%
2) _____	_____	_____	- -	_____	/ /	%
3) _____	_____	_____	- -	_____	/ /	%
4) _____	_____	_____	- -	_____	/ /	%

**Secondary (Contingent) Beneficiary (ies)**

Last Name	First Name	MI	Social Security Number	Relationship	Date of Birth	Percentage
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 _____
-------------------------------	------------