New Employer Information Sheet

CalPERS **457 Plan**

I. General Information

CalPERS ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Employer Name

Number of Employees

Employee Tax Identification Number __ __ - __ __ __ __ __ __ __

Fiscal Year End Date __ __ / __ __ / __ __ __ __

Employer Address

City / State / Zip

Plan Administrator | Email | Telephone

Payroll Contact | Email | Telephone

Choose one:

☐ **Add CalPERS as a Plan Provider** (new enrollments only)

☐ **Add CalPERS as an exclusive Plan Provider and convert assets** — *See Section III Asset Transfer Information*

II. Contribution Information

Frequency of Payroll Deductions ☐ Weekly ☐ Bi-weekly ☐ Semi Monthly ☐ Monthly

I understand a payroll contribution file will be submitted through my|CalPERS

☐ EFT Debit payment will be submitted via my|CalPERS ☐ EFT Credit payment will be submitted via my|CalPERS

☐ Check payment will be submitted with my|CalPERS Remittance Advice

Make check payable to ***CalPERS 457 Plan*** and include ***Plan ID #***, and submit by standard mail or overnight.

Please mail your documentation to one of the following addresses:

Standard Delivery: (Standard Mail)

CalPERS 457 Plan
P.O. Box 942713
Sacramento, CA 94229-2713

Overnight Delivery:

CalPERS 457 Plan
400 Q Street
Sacramento, CA 95811

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III. Asset Transfer Information

(Complete ONLY if conducting a conversion into the CalPERS 457 Plan)

Former Plan Provider

Total Number of Employees

Address

City / State / Zip

Payroll Contact

Email

Telephone

IV. Signatures

Print Name:

Title

Employee Signature:

Date:

New Employer Plan Number assigned by CalPERS: 4 5 ___ ___ ___