



CalPERS Supplemental Income 457 Plan EMPLOYEE NEW ENROLLMENT FORM

1. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ CalPERS ID (Optional): _____

EMPLOYER NAME: Solano Community College AGENCY PLAN NUMBER: 45 0- 359

PARTICIPANT MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ HOME PHONE: _____ E-MAIL: _____

MARITAL STATUS: Are you legally married or in a domestic partnership? YES, I am legally married or in a domestic partnership
 NO, I am not legally married or in a domestic partnership

2. EMPLOYEE CONTRIBUTION ELECTION

Enter the dollar amount or percentage of pay you wish to contribute to the CalPERS Supplemental Income 457 Plan per pay period. Your contribution will commence the month following the date on which you make this election unless you specify a later effective date.

Pre-tax - I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to deduct \$ _____ or _____ % from my gross wages and deposit this amount into my account in the Plan. % not available

Roth* - I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to deduct \$ _____ or _____ % from my gross wages and deposit this amount into my account in the Plan. not available

***Please check with your payroll department to make sure your employer offers the Roth (after-tax) option. If offered, both pre-tax and/or Roth can be elected.**

Contributions will be deducted per pay period effective: Next qualifying pay period **OR** Specific date ____/____/____.

To make future changes to the amount of your contribution, to suspend contributions, or to make changes to your personal information, complete the **Participant Change Authorization** form found on the Plan Web site.

3. EMPLOYER CONTRIBUTION ELECTION

(Complete ONLY if your employer makes a contribution to the Plan on your behalf)

N/A I elect to enroll in the CalPERS Supplemental Income 457 Plan and authorize my Employer to contribute \$ _____ of my employer's contribution to the Plan per Pay Period and deposit this amount into my account in the Plan (called "contributions" or "contribution amount").

Contributions will be deducted per pay period effective: Next qualifying pay period **OR** Specific date ____/____/____.

4. OPTIONAL – CATCH-UP PROVISION

You may only use ONE catch-up option during the tax year. Only complete if you wish to use a catch-up provision and are eligible.

I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method. I will be contributing more than the annual limit of \$19,500 (subject to IRS limits of \$6,500 for 2021).

I am using the Special 457 Catch-up method. This feature allows me to contribute more than the normal maximum annual deferral amount – an additional \$19,500 in 2021 (for a total contribution of \$39,000) – to "Catch-Up" for earlier years when I did not contribute the maximum amounts allowed. I must complete the **Three Year Special 457(b) Catch-Up Worksheet** found on the Plan Web site.

******This Form is not complete without the required Employer and Participant signatures on page 2 and will be rejected if any information is missing. Please be sure to mail or fax BOTH pages for processing.*****

5. INVESTMENT ELECTIONS

- Once enrolled in the Plan, you may choose your own investment elections from a series of Core Funds and Target Retirement Date Funds that suit your personal investment style and goals. You will receive a confirmation notification and Password shortly after enrollment. You can make your own investment elections by accessing your account on-line at <https://calpers.voya.com> or by calling the toll-free plan information line at **1-800-260-0659** within a short period after submitting a completed Enrollment Form.
- **The Target Retirement Date Funds have been designated by the Board as the default investment under the Plan. Your contributions will be invested in the appropriate Target Retirement Date Fund unless you make an affirmative investment election prior to the date the first contributions are deposited to your account.** The appropriate Target Retirement Date Fund is based on your date of birth most closely corresponding with your retirement date assuming you will retire at age 58.
- Investing involves market risk, and it is possible to lose money while investing in a fund. Please refer to the **Employee Enrollment Kit** and **Fund Fact Sheets** for more information.

6. SIGNATURES REQUIRED

By signing below,

- I hereby authorize my employer to deduct from my payroll the contribution amount indicated for deposit into the Plan.
- I understand and agree my future contributions will be deducted from each paycheck on a before-tax basis. I also understand that unless I make an affirmative investment election prior to the date of the first contributions, the contributions will be invested in the appropriate Target Retirement Date Fund.
- I understand and agree the default investment designation I have authorized will remain in full force and effect until I authorize a change in accordance with the provisions of the Plan and the procedures set forth in this form.
- I acknowledge that I have received and had an opportunity to review the **Employee Enrollment Kit** and **Fund Fact Sheets** booklet.

PRINT NAME: _____ **SSN:** _____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYER'S SIGNATURE: _____ **DATE:** _____

Please note: This Form is not complete without the required Employer and Participant signatures above and will be rejected if any information is missing. Please be sure to mail or fax **BOTH** pages for processing.

Please submit your completed form by fax or mail:

FAX DELIVERY:
Voya Financial
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:
Voya Financial
Attn: CalPERS
P.O. Box 389
Hartford, CT 06141

OVERNIGHT DELIVERY:
Voya Financial
Attn: CalPERS
One Orange Way
Windsor, CT 06095

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).



1. INSTRUCTIONS

In the event of your death, your 457 account will be paid to the primary beneficiary(ies) you name below. You may name a Trust as a primary or secondary beneficiary.

Print the beneficiaries' names, social security numbers, and their relationship to you, their birth date and the percentages for each named beneficiary.

If you designate a trust as a beneficiary, please include the trusts name and trust date. Examples include: (1) John Smith, Executor named in my Will, dated August 2, 2013 (2) Fred C. Smith, Trustee of Trust created under my Will, dated August 2, 2013 (3) George Smith and Clara Smith, Trustees of The Living Trust, dated August 2, 2013 (4) Fred C. Smith, Successor Trustee of the George Smith and Clara Smith Living Trust, dated August 2, 2013.

2. PARTICIPANT INFORMATION (please print clearly)

NAME: SOCIAL SECURITY NUMBER:

CalPERS ID (Optional):

EMPLOYER NAME: AGENCY PLAN NUMBER: 4 5 0 - 359

PARTICIPANT MAILING ADDRESS: APT:

CITY: STATE: ZIP CODE:

WORK PHONE: HOME PHONE: E-MAIL:

MARITAL STATUS: I am married: If my spouse/domestic partner is not the sole Primary Beneficiary, my spouse/domestic partner has signed the spousal consent (section 4). I am NOT married

3. PRIMARY BENEFICIARY(IES)

The total allocated percentage for your Primary Beneficiary(ies) must equal 100%. If you are legally married or in a registered domestic partnership, but do not name your spouse or your domestic partner as your sole (100%) primary beneficiary, he or she may still be entitled to a community property share of your account. CalPERS cannot be responsible for a participant's failure to properly designate a beneficiary in accordance with state law requirements. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid and the payment of your account to someone other than your designated beneficiary.

If you are married, please note that one of your primary beneficiaries must be your spouse. If your spouse is not a primary beneficiary, you must complete Section 4: If you need to add additional names use the back of this form.

Table with 5 columns: Full Name and Address, Social Security Number, Date of Birth, Relationship to You, Percent of Benefit*. It contains three rows for primary beneficiaries and a final row for the total percentage (100%).

4. SPOUSAL CONSENT (If spouse/domestic partner is not the sole primary beneficiary)

Your spouse/domestic partner must consent and acknowledge by signing below if he/she is not the sole primary beneficiary.

I hereby consent to the foregoing election by my spouse/domestic partner, to have his/her benefits paid to a person other than me. I understand **(1)** that the effect of such designation is to cause my spouse/domestic partner's death benefit to be paid to a beneficiary other than me; **(2)** that each beneficiary designated is not valid unless I consent to it; and **(3)** that my consent is irrevocable unless my spouse/domestic partner revokes the beneficiary designation.

I hereby acknowledge that I have had the opportunity to consult with an attorney or other professional concerning this waiver, if I had so desired.

Executed this _____ day of _____ 20 _____

Spouse/Domestic Partner's Signature Print Name

WITNESSED BY:

Notary Signature Print Name

5. CONTINGENT BENEFICIARY(IES)

If your primary beneficiary(ies) dies before you, then Plan benefits will be distributed to your Contingent Beneficiary(ies).

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit*
1 _____ _____ _____	____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y		_____ %
2 _____ _____ _____	____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y		_____ %
3 _____ _____ _____	____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y		_____ %
4 _____ _____ _____	____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y		_____ %

The total percentages for BOTH of the primary and secondary beneficiary election must equal 100%. **100%**

If none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the Plan Document.

6. AUTHORIZED SIGNATURE

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Company and that by doing so, I revoke all prior designations.

I hereby certify that the information furnished herein is true, accurate and complete.

PARTICIPANT'S SIGNATURE

PRINT PARTICIPANT'S NAME

DATE

You will receive a confirmation statement of your beneficiary designation. Beneficiary information may also be viewed on the Plan Web site.

Please submit your completed form by fax or mail:

FAX DELIVERY:

Voya Financial
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:

Voya Financial
Attn: CalPERS
P.O. Box 389
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BENEFICIARY DESIGNATION CHECKLIST

Make sure you have completed all of the steps below before you return your form. Check them off as you complete them.

- SECTION 1:** Read the required instructions.
- SECTION 2:** Provided complete participant information including name, SSN and marital status.
- SECTION 3:** Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- SECTION 4:** Has the Spousal consent section been signed and notarized (with an official notary stamp or seal) if you are married and do not name your spouse/domestic partner as your sole Primary Beneficiary.
- SECTION 5:** Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- SECTIONS 3 & 5:** Listed the name, address, social security number, birth date and relationship of all Beneficiaries.
- SECTION 6:** Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- Made a copy for your records and submitted the original to the address indicated above.