



Employee New Enrollment Form

Participant Information

Name (Last / First / Middle Initial) _____ / _____ / _____ Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Work Telephone _____ Home Telephone _____ Email Address _____

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

Employer Information

Fremont Union High School District
Employer Name

EMPLOYER TO COMPLETE.

Agency Plan Number: 45 0 - 3 9 2

Contribution Election Information

Enter the dollar amount or percentage of pay you wish to contribute to the CaIPERS 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.

I elect to enroll in the CaIPERS 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.

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.

Investment Elections

- Once enrolled in the Plan, you can choose your own investment elections from a series of Core Funds, Target Retirement Date Funds, and Risk-Based 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.ingplans.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 only if you do not 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 59.
- 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.

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 \$16,500 (subject to IRS limits of \$5,500 for 2011).

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 \$16,500 in 2011 (for a total contribution of \$33,000)—to “Catch-Up” for earlier years when I did not contribute the maximum amounts allowed. I must complete the **Special 457 Catch-Up Method Worksheet** found on the Plan Web site.

Signatures

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 and invested in the appropriate Target Retirement Date Fund only if I do not make an affirmative investment election prior to the date of the first contributions.
- 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.

Participant's Signature _____

Date _____

Employer's Signature _____

Date _____

CalPERS Supplemental Income 457 Plan



California Public Employees' Retirement System (CalPERS)
 CalPERS Supplemental Income 457 Plan (the "Plan")
<https://calpers.inplans.com>

P.O. Box 5166
 Boston, MA 02206-5166
 1-800-260-0659

BENEFICIARY DESIGNATION FORM

Complete this form to designate beneficiary (ies) who will receive your CalPERS Supplemental Income 457 Plan benefits in the event of your death. New Enrollment Change of Beneficiary

I. PARTICIPANT INFORMATION

| | | | | | |
|-------------------------------------|--|-------------------------|--|----------------|----------|
| Last Name | | First Name | | Middle Initial | |
| CalPERS ID | | Social Security Number | | Birth Date | |
| Mailing Address (number and street) | | City | | State | Zip Code |
| Telephone Number (work) | | Telephone Number (home) | | Email Address | |

II. EMPLOYER INFORMATION

Employer Name: Fremont Union High School District Agency Plan Number: 45 0 - 3 9 2

III. BENEFICIARY INFORMATION

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. The total percentages for BOTH of the primary and secondary beneficiary election must equal 100%. Whole integers only (example: you may not indicate 33 1/3%, or 30.5%).

At least one Primary Beneficiary (ies) designation is required in order to complete the enrollment process. 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 choose to name a sole (100%) primary beneficiary that is not your spouse or domestic partner, your spouse or domestic partner will need to complete the spousal waiver section below acknowledging the beneficiary (ies) that you are designating. You and your spouse or domestic partner's signature must also be notarized by a notary public. See the next page for notary signature.

PRIMARY BENEFICIARY (IES) (ATTACH SEPARATE SHEET IF NECESSARY)

| Last name | First name | Middle Initial | Social Security Number (optional) | Relationship to you | Birth date | Allocated Percentage (must total 100% and be in whole integers) |
|-----------|------------|----------------|-----------------------------------|---------------------|------------|---|
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |

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.

SECONDARY/CONTINGENT BENEFICIARY (IES) (ATTACH SEPARATE SHEET IF NECESSARY)

| Last name | First name | Middle Initial | Social Security Number (optional) | Relationship to you | Birth date | Allocated Percentage (must total 100% and be in whole integers) |
|-----------|------------|----------------|-----------------------------------|---------------------|------------|---|
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |

V. SIGNATURES REQUIRED

| | | |
|--|---|------|
| Participant's Signature | | Date |
| Are you legally married or in a Domestic Partnership? <input type="checkbox"/> no <input type="checkbox"/> yes | Note: Spousal/Domestic Partner's signature is required if not named as the sole (100%) primary beneficiary. | |
| Spousal/Domestic Partner Waiver: I understand that I have not been named as the sole (100%) primary beneficiary and that in signing below, I have waived my right to receive the account balance or benefits payable from this Plan in the event of my spouse's or domestic partner's death. | | |
| Signature of Spouse or Domestic Partner: | | Date |



BENEFICIARY DESIGNATION FORM

COMPLETE ONLY IF YOU HAVE NOT CHOSEN TO NAME YOUR SPOUSE AS PRIMARY BENEFICIARY

State of California

County of _____

On _____ before me, _____
Name & Title of Officer

personally appeared, _____

and _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **penalty of perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal

Signature of Notary Public

Date