

Actuarial & Employer Services Division
P.O. Box 942709
Sacramento, CA 94229-2709
Telecommunications Device for the Deaf - (916) 326-3240
FAX (916) 326-3005



TRANSFER OF ASSETS VOUCHER

(To be used to transfer employer assets to cover member contributions)

2003/2004 FISCAL YEAR

(To be used for payroll periods ending on dates
July 1, 2003 through June 30, 2004)

This voucher is to be used to authorize CalPERS to transfer the amount indicated below from employer assets of the employer/rate plan identified on this voucher to the member accumulated contribution accounts per the attached report of contributions.

Employer Code: 1999
Employer Name: TOWN OF ANYWHERE
Rate Plan: MISCELLANEOUS PLAN

I hereby certify that I am the duly appointed, qualified, and acting officer of the herein named employer, and that I authorize CalPERS to transfer employer assets to member accumulated contributions by CalPERS coverage group(s) and service period in the amount(s) as indicated.

Signature John Doe

Service Period 07/2003/0

Coverage Group 70001

Amount \$ 700

Coverage Group 70002

Amount \$ 70

Coverage Group _____

Amount \$ _____

Coverage Group _____

Amount \$ _____

(YOU MAY ONLY USE THIS FORM FOR COVERAGE GROUPS IN MISCELLANEOUS PLAN).



SAMPLE

FOR PERS USE ONLY

STATE OF CALIFORNIA
 PUBLIC EMPLOYEES RETIREMENT SYSTEM
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982

ITEM	CODE
MONTHLY	0
SEMI-MONTHLY-1ST HALF	1
SEMI-MONTHLY-2ND HALF	2
BI-WEEKLY-1ST PAYROLL	3
BI-WEEKLY-2ND PAYROLL	4
BI-WEEKLY-3RD PAYROLL	5
QUADRIWEEKLY-1ST PAYROLL	6
QUADRIWEEKLY-2ND PAYROLL	7

SUMMARY REPORT MEMBER AND EMPLOYER CONTRIBUTIONS

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

EMPLOYER CODE: 1999	EMPLOYER NAME: TOWN OF ANYWHERE	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION			MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			07	2003	0
			BEGINNING DATE		
SIGNATURE <i>John Doe</i>			MONTH	DAY	YEAR
DATE: 8/15/01			07	01	2003
NAME AND TITLE (PRINT OR TYPE) John Doe, Accountant			ENDING DATE		
PHONE NO: 123-456-7890			MONTH	DAY	YEAR
(PERS-ACC-624) ATTACHED			07	31	2003

EMPLOYER CONTRIBUTIONS					MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS	
70001	0.000%		\$1,000.00		\$0.00	7. NORMAL: \$70.00
70002	0.000%		\$100.00		\$0.00	8. TAX DEFERRED: \$700.00
0	0.000%		\$0.00		\$0.00	9. ADDITIONAL: \$0.00
0	0.000%		\$0.00		\$0.00	10. SUB-TOTAL (7+8+9): \$770.00
0	0.000%		\$0.00		\$0.00	11. SURVIVOR BENEFIT: \$0.00
0	0.000%		\$0.00		\$0.00	12. TOTAL MEMBER CONTRIBUTIONS: \$770.00
0	0.000%		\$0.00		\$0.00	
0	0.000%		\$0.00		\$0.00	
5. TOTAL MEMBER EARNINGS: \$1,100.00					6. TOTAL EMPLOYER CONTRIBUTIONS: \$0.00	
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12)					\$770.00	

ADJUSTMENTS:

14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY

14.B SURPLUS ASSET: SAFETY CATEGORY

14.C ACC-344/ACC-1520 ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOW
NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.

15. ADVANCE PAYMENT/EFT

16. BALANCE DUE (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15) **PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM** **\$770.00**

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number