

PLEASE COMPLETE AND RETURN THIS FORM BY MAIL OR FAX TO CalPERS
NO LATER THAN **MAY 1, 2009**, AT THE ADDRESS OR FAX NUMBER BELOW

CalPERS Election Coordinator
California Public Employees' Retirement System
P.O. Box 942702
Sacramento, CA 94229-2702
Fax Number: (916) 795-4607

ELECTION OFFICER DESIGNATION & CERTIFICATION

DESIGNATION

The person named below has been designated to serve as the Agency Election Officer for the upcoming Member-At-Large Election for the CalPERS Board of Administration:

Agency Name: _____ CalPERS Employer Code No.*: _____

Agency Election Officer:

(Print or Type) (Title)

Phone No.: (____) _____ Ext.: _____

(* It is the four digit number located in the upper left hand corner of the mailing label on the envelope or box in which you received this information.)

In September 2009, and in November 2009, in the event of a runoff election, ballots that are undeliverable will be mailed to the attention of the Agency Election Officer for prompt distribution to identified eligible active members if applicable.

Street Address: _____
(Must be provided)

Mailing Address: _____

CERTIFICATION

I, _____, the designated Agency Election Officer for _____, do hereby certify that I have read and understand the attached Information for Election Officers Outline of Responsibilities, and will comply with those instructions throughout the election process and will ensure that all my actions are compatible with ethical election practices. This includes the prohibition against distributing campaign material endorsing any of the candidates, which I understand is against CalPERS' election policies. (Government Code section 20096).

Signed: _____

Date: _____

Signature of Agency Executive

Title

Date