



Actuarial & Employer Services Branch  
 P.O. Box 942709  
 Sacramento, CA 94229-2709  
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 Telecommunications Device for the Deaf - (916) 795-3240  
 FAX (916) 795-3005

**SAMPLE**

**TRANSFER OF ASSETS VOUCHER**

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

**2007/2008 FISCAL YEAR**

(To be used for payroll periods ending on dates  
 July 1, 2007 through June 30, 2008)

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 07/2007/0

Coverage Group 70001 Amount \$ 70

Coverage Group 75001 Amount \$ 9

Coverage Group \_\_\_\_\_ Amount \$ \_\_\_\_\_

Coverage Group \_\_\_\_\_ Amount \$ \_\_\_\_\_

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