

07-27-2004 13:45

From: City of San Bernardino Finance\Purchasing +9093845043

T-606 P.003/003 F-048



Election to Purchase ARSC

Reply to Section: 835

Refer to No.: [Redacted]

Member Name: Richard Lewis

Employer Name: City of San Bernardino

You informed me on July 15, 2004 of my right to elect to contribute and receive service credit for my Additional Retirement Service Credit from CalPERS. If my election is received 30 days after the mailing date of this letter, this cost may be recalculated.

CHECK THE OPTION(S) DESIRED

Lump Sum Payment Option: I hereby elect to purchase and receive additional service credit under the provisions of law and I enclose \$133,717.34. (Payment must be included when the election is filed with CalPERS.)

For Plan-To-Plan Transfer or Rollovers:

I have included the appropriate plan-to-plan/rollover certification documents with this election.

I hereby elect to receive service credit as provided by law and authorize the deduction from my salary of \$636.09 for 360 Semi-monthly payments or I authorize deductions from my salary of \$_____ for payments (see Choose Your Installment Payment, Attachment 3). I understand that this payment amount is in addition to my normal contributions and will be deducted on an after-tax basis. This payment schedule includes interest through the completion of payments at the rate of 8.25%.

Partial Payment with Installment Payment Option: I hereby elect to receive service credit as provided by law and enclose \$_____ as partial payment. I authorize the amount allowed by the retirement law or I authorize deductions from my salary of \$_____ (deductions can not be less than the minimum amount stated on the Choose Your Installment Payment, Attachment 3).

I understand that this payment amount is in addition to my normal contributions and will be deducted on an after-tax basis. This payment schedule includes interest through the completion of payments at the rate of 8.25%.

If you are retiring within the next 90 days, please indicate your planned retirement date: _____

I UNDERSTAND THIS ELECTION IS IRREVOCABLE. ONCE ELECTED, ANY FUTURE CHANGES TO THE ACTUARIAL ASSUMPTIONS OR INTEREST RATE WILL NOT AFFECT THE COST OF SERVICE CREDIT ALREADY PURCHASED OR AN EXISTING PAYMENT SCHEDULE.

I have completed, signed, and attached the "Employment Certification and Your Payment Options" form.

Signature: [Handwritten Signature] Date: 7-27-2004

Address: [Redacted] Telephone # (daytime) [Redacted]

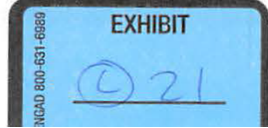
rollover approved TMC funds
in serv. 457 \$133,717.34
W1830 9.16.04

FOR DEPARTMENTAL USE ONLY

| | | | | | |
|--------------|---------|---------|-----------|------------|---------------------|
| Deposit Date | 9/23/04 | Amount: | 133717.34 | By & Date: | [Signature] 9/23/04 |
|--------------|---------|---------|-----------|------------|---------------------|

PERS01M0026 (04/04)

Member Services Division, P.O. Box 942704, Sacramento, CA 94229-2704
Telecommunications Device for the Deaf - (916) 326-3240; (888) 225-7377



07-27-2004 13:45

From: City of San Bernardino Finance\Purchasing +9083845043

T-806 P.002/003 F-948



Member Services Division
P.O. Box 942704
Sacramento, CA 94229-2704
Telecommunications Device for the Deaf - (916) 326-3240
(888) CalPERS (225-7377), FAX (916) 558-4019

CERTIFICATION FORM: Plan-to-Plan Transfers and Direct Rollovers

The California Public Employees' Retirement System (CalPERS) is a tax-qualified, defined benefit plan under section 401(a) of the Internal Revenue Code (Code). CalPERS may accept funds from a variety of "eligible retirement plans." An "eligible retirement plan" includes a plan qualified under Code section 401(a), including a profit-sharing plan, a stock bonus plan, a money purchase pension plan, and a defined benefit plan; a 401(k) plan; a 403(a) annuity plan; a 403(b) tax-sheltered annuity; and a governmental 457 plan. An "eligible retirement plan" also includes traditional IRAs as described in Code section 408(a) or (b); however, the Certification Form for IRA rollovers must be completed. Please refer to the attached fact-sheet (PERS-MSD-354A) for more information about how to process your plan-to-plan transfer or rollover request.

THIS SECTION IS TO BE COMPLETED BY THE MEMBER:

Member Name: Richard J. Lewis Social Security Number: [REDACTED]

Telephone Number: WORK [REDACTED] HOME [REDACTED]

I choose to transfer \$ 133,717.34 to CalPERS. If this is an Indirect Rollover, I have also attached a signed Certification Form: Indirect Rollover (PERS-MSD-354C). I certify that I have read the attached plan-to-plan transfer and rollover fact-sheet (PERS-MSD-354A). I understand that CalPERS will rely on the information contained on this Certification Form(s) in approving this transfer.

Signature: [Signature] Date: 7-24-2004

THIS SECTION IS TO BE COMPLETED BY THE PLAN ADMINISTRATOR OR TRUSTEE (this is NOT CalPERS):

The attached check for \$ 133717.34 is being processed as a:

In-Service, Plan-to-Plan Transfer Direct Rollover Indirect Rollover

I certify the funds are from one of the "eligible retirement plan" types noted below, and maintained under the member's taxpayer identification number:

401(a) Defined Contribution Plan (Type _____) 401(a) Defined Benefit 401(k) Plan

403(a) Annuity Plan 403(b) Tax Sheltered Annuity Plan 457 Governmental Plan

*If these funds are not maintained under the member's taxpayer identification number, please contact CalPERS for additional instructions at (888) 225-7377.

I certify that the plan is an "eligible retirement plan" as defined by the IRC section 402(c)(8)(B), the funds are not after-tax contributions, and have not been commingled with funds origination from a plan other than an "eligible retirement plan" listed above. I also certify that I am designated as Plan Administrator in the plan document.

Signature: Georgina Chamberlain Title: Act Tech II Date: 7/27/04

Print Name: Georgina Chamberlain Telephone Number: 909 384-5349

Institution Name: City of San Bernardino

Institution Address: 300 N D St SBDNO CA 92418