

Actuarial & Employer Services Division



P.O. Box 942709
Sacramento, CA 94229-2709
Telecommunications Device for the Deaf - (916) 326-3240
(916) 326-3420 FAX (916) 326-3005

SAMPLE

**TRANSFER OF ASSETS
VOUCHER**

(To be used to transfer employer assets to cover all,
or a portion of, member contributions)

2000/2001 FISCAL YEAR

**(To be used for payroll periods ending on
dates
July 1, 2000 through June 30, 2001)**

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 RATE 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 07/00/0

Coverage Group <u>70001</u>	Amount \$ <u>700.00</u>
Coverage Group <u>70002</u>	Amount \$ <u>70.00</u>
Coverage Group _____	Amount \$ _____
Coverage Group _____	Amount \$ _____

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