



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

**SAMPLE**

**TRANSFER OF ASSETS VOUCHER**

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

**2001/2002 FISCAL YEAR**

(To be used for payroll periods ending on dates  
 July 1, 2001 through June 30, 2002)

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 07/01/0

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)