

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

SAMPLE

TRANSFER OF ASSETS VOUCHER

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

2005/2006 FISCAL YEAR

(To be used for payroll periods ending on dates July 1, 2005 through June 30, 2006)

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

FAX (916) 795-3005

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 <u>John Doe</u>	
Service Period <u>07/2005/0</u>	
Coverage Group 70001	Amount \$ <u>700</u>
Coverage Group 75001	Amount \$70
Coverage Group	Amount \$
Coverage Group	Amount \$
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(YOU MAY ONLY USE THIS FORM FOR COVERAGE GROUPS IN MISCELLANEOUS PLAN).