

PLEASE COMPLETE AND RETURN THIS FORM BY MAIL OR FAX TO CalPERS
NO LATER THAN **APRIL 30, 2010**, AT THE ADDRESS OR FAX NUMBER BELOW

CalPERS Election Coordinator
California Public Employees' Retirement System
P.O. Box 942702
Sacramento, CA 94229-2702
Fax Number: (916) 795-4607

ELECTION OFFICER DESIGNATION & CERTIFICATION

DESIGNATION

The person named below has been designated to serve as the Agency Election Officer for State Members Elections, including runoff elections if applicable, for the CalPERS Board of Administration, until the agency submits another ELECTION OFFICER DESIGNATION & CERTIFICATION designating a different Agency Election Officer:

Agency Name: _____ CalPERS Employer Code No.*: _____

Agency Election Officer:

(Print or Type) (Title)

Phone No.: (____) _____ Ext.: _____

(* It is the four digit number located in the upper left hand corner of the mailing label on the envelope or box in which you received this information.)

Street Address: _____
(Must be provided)

Mailing Address: _____

CERTIFICATION

I, _____, the designated Agency Election Officer for _____, do hereby certify that I have read and understand the attached Information for Election Officers Outline of Responsibilities, and will comply with those instructions throughout the election process and will ensure that all my actions are compatible with ethical election practices. This includes the prohibition against distributing campaign material endorsing any of the candidates, which I understand is against CalPERS' election policies. (Government Code section 20096).

Signed: _____

Date: _____

Signature of Agency Executive Title Date