SIP Remittance Advice Report

Employer:	ABC Company	**Fiscal Year:**	2014/2015
CalPERS ID:	1234567890		
Program:	**457 Plan.**	**SIP Plan ID:**	450075

Earned Period/Adjustment Date	Receivable ID	Amount Outstanding	Amount Paid	Check Number
11/01/2014-11/15/2014	100000014418424	130,274.11		
11/10/2014	100000014418426	23,702.64		
11/12/2014	100000014419102	702.64		
11/12/2014	100000014419111	23,000.00		
11/16/2014-11/30/2014	100000014426169	125,036.49		
11/21/2014	100000014426170	75.00		
	Subtotal	302,790.88		

Total Outstanding Obligation	302,790.88

* Make check payable to CalPERS 457 Plan.
* Include SIP Plan ID number on check.
* Write in the Amount Paid and the Check Number in the appropriate place for the Receivable ID being paid.
* Mail check and a copy of this Remittance Advice Report to:

CalPERS Supplemental Income Plans
PO BOX 942713
Sacramento CA 94229-2713

Please call the CalPERS Supplemental Income 457 Plan at 800.696.3907 if you have questions about reporting or paying your CalPERS 457 Plan.