



CalPERS Board of Administration

2026 Public Agency Member Election Nomination Acceptance/Ballot Designation Form

IMPORTANT: Candidates must complete and submit this form in-person, via mail, or electronically. If mailing, certified mail is recommended. **This form must be received by the Board Election Coordinator by no later than 5:00 p.m. on May 14, 2026.**

For in-person submissions:

CalPERS
ATTENTION: CalPERS Board Election Coordinator
Lincoln Plaza West - 400 Q Street, Room W1570
Sacramento, CA 95811

For mailed submissions:

CalPERS
ATTENTION: CalPERS Board Election Coordinator
P.O. Box 942702
Sacramento, CA 94229-2702

For electronic submissions, email this to board_election_coordinator@calpers.ca.gov.

NOMINATION ACCEPTANCE / NON-ACCEPTANCE

Please select either Item #1 or #2 by marking the appropriate box and completing the Certification section below.

1. Upon CalPERS determination that I am a qualified candidate, I accept the nomination for election as a member of the CalPERS Board of Administration to fill the position whose term will begin January 16, 2027, and expire on January 15, 2031. I consent to serve if elected and agree to abide by the result of a drawing of lots by the Secretary of State in case of a tied vote. I submit the following information as I wish it to be shown on the ballot:

Name:
(Print or Type) _____

Proposed Ballot Designation:
(See California Code of Regulations, section 554.4) _____

Employer: _____

Job Classification: _____

Total years of CalPERS-covered service in California: _____

2. I do not accept the nomination for the terms as set forth above.

I understand that if I decide to withdraw my candidacy after submitting this certified form, if I checked box #1 above, I must notify the CalPERS Board Election Coordinator by phone at (916) 795-3007 and follow-up in writing at the address shown above any time prior to the submission of the ballot material for printing in order to have my name removed from the ballot and candidate statement information.

CERTIFICATION

My signature below certifies my understanding of the information on this form regarding nomination acceptance or non-acceptance and the withdrawal of candidacy. My signature below also certifies that I have completed the information on this form and that it is true and correct to the best of my knowledge.

Signature: _____

Address: _____

Telephone Number: () - _____

Date: _____
