Actuarial & Employer Services Division

C

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Sacramento, CA 94229-2709
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(916) 326-3420 FAX (916) 326-3005

SAMPLE

TRANSFER OF ASSETS VOUCHER

(To be used to transfer employer assets to cover all, or a portion of, member contributions)

2000/2001 FISCAL YEAR

(To be used for payroll periods ending on dates July 1, 2000 through June 30, 2001)

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 ___07/00/0_____

Coverage Group__70001_____	Amount $__700.00_____
Coverage Group__70002_____	Amount $__ 70.00_____
Coverage Group_____	Amount $_____
Coverage Group_____	Amount $_____

(YOU MAY ONLY USE THIS FORM FOR COVERAGE GROUPS IN THE MISCELLANEOUS RATE PLAN)