

## 5. INVESTMENT ELECTIONS

- Once enrolled in the Plan, you may choose your own investment elections from a series of Core Funds and Target Retirement Date Funds that suit your personal investment style and goals. You will receive a confirmation notification and Password shortly after enrollment. You can make your own investment elections by accessing your account on-line at <https://calpers.voya.com> or by calling the toll-free plan information line at 1-800-260-0659 within a short period after submitting a completed Enrollment Form.
- **The Target Retirement Date Funds have been designated by the Board as the default investment under the Plan. Your contributions will be invested in the appropriate Target Retirement Date Fund unless you make an affirmative investment election prior to the date the first contributions are deposited to your account.** The appropriate Target Retirement Date Fund is based on your date of birth most closely corresponding with your retirement date assuming you will retire at age 58.
- Investing involves market risk, and it is possible to lose money while investing in a fund. Please refer to the **Employee Enrollment Kit** and **Fund Fact Sheets** for more information.

## 6. SIGNATURES REQUIRED

By signing below,

- I hereby authorize my employer to deduct from my payroll the contribution amount indicated for deposit into the Plan.
- I understand and agree my future contributions will be deducted from each paycheck on a before-tax basis. I also understand that unless I make an affirmative investment election prior to the date of the first contributions, the contributions will be invested in the appropriate Target Retirement Date Fund.
- I understand and agree the default investment designation I have authorized will remain in full force and effect until I authorize a change in accordance with the provisions of the Plan and the procedures set forth in this form.
- I acknowledge that I have received and had an opportunity to review the **Employee Enrollment Kit** and **Fund Fact Sheets** booklet.

PRINT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note:** This Form is not complete without the required Employer and Participant signatures above and will be rejected if any information is missing. Please be sure to mail or fax **BOTH** pages for processing.

**Please submit your completed form by fax or mail:**

**FAX DELIVERY:**

Voya Financial  
Attn: CalPERS  
1-888-228-6185

**US MAIL DELIVERY:**

Voya Financial  
Attn: CalPERS  
P.O. Box 24747  
Jacksonville, FL 32241-4747

**OVERNIGHT DELIVERY:**

Voya Financial  
Attn: CalPERS  
8900 Prominence Parkway  
Jacksonville, FL 32256-8264

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at <https://calpers.voya.com>. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).