

State of California
California Public Employees' Retirement System
400 Q Street, Sacramento, CA 95811
888 CalPERS (or 888-225-7377)
www.calpers.ca.gov

Expected Payment Date

Rate Plan ID

Additional Unfunded Accrued Liability (UAL) Payment Request

Complete this form to notify CalPERS of your agency's Additional Discretionary Payment (ADP).

Payments may be made by Electronic Funds Transfer (EFT) through myCalPERS or by wire transfer through the State Treasurer's Office.

- **EFT through myCalPERS:** Email <u>FCSD public agency wires@calpers.ca.gov</u> at least two business days prior to the payment date. A receivable in the amount of the payment will be established. Once notified that the receivable has been established, sign in to myCalPERS and submit payment via EFT.
- Wire transfer: Contact FCSD Cashiers@calpers.ca.gov for banking information.
 Email FCSD public agency wires@calpers.ca.gov on the day of the payment to ensure timely crediting to the correct rate plan. Any individual wire of \$5 million or more requires 72-hour notice.

Visit Managing Unfunded Accrued Liability on the CalPERS website for complete payment instructions. If you have additional questions or would like to know how this payment will affect future required payments, contact CalPERS and your actuary will assist you. If the actuary needs to adjust the amortization schedule to reflect the payment and the employer does not indicate a preference, the payment will be applied to the longest remaining positive base.

Please note that in accordance with Internal Revenue Code section 401(a), employer contributions, including ADPs, received by CalPERS and made to the Public Employees' Retirement Fund are irrevocable and may not be returned to the employer.

Please provide the following information. CalPERS Employer ID Number Employer Name Employer Address Authorized Employer Representative Name Title Telephone Number Authorized Employer Representative Signature Email Address

Please sign and email the completed form to FCSD public agency wires@calpers.ca.gov.

Originating Bank

Amount of Contribution

Rate Plan Name

Employer and Plan Information