



## CalPERS Deduction Sign-Up Form

Please fill out the information below if you wish have \$2.50 per month deducted from your CalPERS check for your PORAC RAM dues. For your security, DO NOT e-mail this form. Fax or mail, via U.S. Mail, the completed form to:

PORAC RAM  
4010 Truxel Road  
Sacramento, CA 95834  
Fax (916) 928-3760

If you pay via CalPERS deduction, you will not receive any further invoices. Information requested in this process will be held at the highest level of confidentiality and is used for verification of identification and insurance purposes. Your confirmation may take up to 30 business days.

Member #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Social Security Number:  
(full SSN required for CalPERS deduction) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_