



Service Retirement Election Application

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

Section 1

Information About You

Please provide your name as it appears on your Social Security card.

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

Please display all dates in this order: month/day/year.

City State ZIP Country

Birth Date (mm/dd/yyyy) Gender Male Female Home Phone Alternate Phone

Section 2

Information About Your Retirement

Please enter the last day you received compensation from CalPERS-covered employment.

Please refer to the detailed instructions in this publication.

Last Day on Payroll (mm/dd/yyyy) Retirement Effective Date (mm/dd/yyyy)

Employer Position Title

Please do not abbreviate your employer's name or position title.

Temporary Annuity - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies).

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. No Yes

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ Dollars.

The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ Dollars per month.

Do not list Social Security, military or railroad retirement as a California public retirement system.

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? No Yes, provide:

Name of System

Are you currently working with the other system? No Yes

Retirement Date With Other System (mm/dd/yyyy)

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Your payment option election and lifetime beneficiary(ies) designation is irrevocable unless you request a change within 30 days of the issuance of your first benefit check or you have a future qualifying event. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a–3d. Please refer to the detailed instructions in this publication for more information.

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

- Option 1 - To complete this option, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 2 - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 2W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3 - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Unmodified Allowance Option - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death—except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

These options apply to Option 4 Individual Lifetime Beneficiary only.

Option 4, Individual Lifetime Beneficiary - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.

- Option 2W & Option 1 Combined - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary and Section 3d, Balance of Contributions Beneficiary.
Option 3W & Option 1 Combined - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary and Section 3d, Balance of Contributions Beneficiary.
Specific Dollar Amount to Beneficiary \$ - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Specific Percentage to Beneficiary % - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Reduced Allowance for Fixed Period of Time: Reduce my Allowance by \$ or % through the end of . To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Reduced Allowance upon death of retiree or beneficiary: \$ reduction amount To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

Option 4, Multiple Lifetime Beneficiaries - To complete this option, you must also fill out Section 3b, Multiple Lifetime Beneficiaries.

These options apply to Option 4, Court Ordered Community Property only.

Option 4, Court Ordered Community Property - If you select this option, you must also complete Section 3c, Court Ordered C.P. Beneficiary and select one of the following Court Ordered Community Property options.

- Option 4/Unmodified - There is no additional beneficiary designation for this option.
Option 4/1 - To complete this option, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 4/2W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 4/3W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.

Your Name | Social Security Number or CalPERS ID

Section 3a

Option 2, 2W, 3, 3W, or 4 Individual Lifetime Beneficiary

Designate one beneficiary and provide all of that person's information including full name.

Complete this section only if you chose either Option 2, 2W, 3, 3W, or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You
Address
City | State | ZIP | Country

Section 3b

Option 4 Multiple Lifetime Beneficiaries

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 3c

Court Ordered Option 4 Community Property Beneficiary

List only the Option 4 beneficiary that is required by your court order.

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You
Address
City | State | ZIP | Country

Section 3d

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries, you will need to complete the Post Retirement Lump Sum Beneficiary Designation form and follow the instructions on the form.

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined or the Temporary Annuity allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 4

Retired Death Benefit

If you were last employed with another California public retirement system, this benefit is not payable.

This section designates the person who will receive your Lump-Sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent
Address
City | State | ZIP | Country

Section 5

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on your retirement date? No Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Date of Marriage
Address
City | State | ZIP | Country

Section 5 continues on page 6

Your Name _____ Social Security Number or CalPERS ID _____

Section 5, continued

Survivor Continuance, continued

2. Will you be registered with the California Secretary of State as being in a domestic partnership on your retirement date? No Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender Date of Registered Partnership (mm/dd/yyyy)

Address

City State ZIP Country

3. Do you have any natural or adopted unmarried children under age 18? No Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? No Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Section 5 continues on page 7

Your Name _____ Social Security Number or CalPERS ID _____

Section 5, continued

Survivor Continuance, continued

5. Are your parents dependent upon you for one-half of their support? No Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female

Address _____

City _____ State _____ ZIP _____ Country _____

Section 6

Tax Withholding Election

Please choose one only.

Federal Income Tax information. Please refer to the detailed instructions in this publication for more information.

- Do not withhold federal income tax.
Withhold federal income tax based on the tax tables for:
A married individual with ___ tax withholding allowances.
A single individual with ___ tax withholding allowances.
In addition to the amount withheld based on the tax tables, withhold \$ ___ per month.
A married individual, but withhold at the higher single rate with ___ tax withholding allowances.

Please choose one only.

State Income Tax information. Please refer to the detailed instructions in this publication for more information.

State withholding is optional for out-of-state residents.

- Do not withhold State of California income tax.
Withhold State of California income tax in the amount of \$ ___ per month.
Withhold State of California income tax based on the tax tables for:
A married individual with ___ tax withholding allowances.
A single individual with ___ tax withholding allowances.
In addition to the amount withheld based on the tax tables, withhold \$ ___ per month.
Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.
A head of household individual with ___ tax withholding allowances.

Section 7

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

- I decline continuation of my CalPERS health coverage into retirement.

Your Name

Social Security Number or CalPERS ID

Section 8

Member Signature and Notary

This section must be completed or your application will be returned.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application or to change the elected payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

Are you legally married or do you have a legal domestic partner? [] Yes [] No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: [] Never Married/or in Partnership [] Divorced/Annulled

[] Widowed or Termination of Domestic Partnership

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative. If your spouse's or domestic partner's signature is not available, see instructions in this publication for completing the Justification for Absence of Signature form.

Your Signature Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature Date (mm/dd/yyyy)

State of California, County of

On before me, Name of Notary/Witness

personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative Position Title Date (mm/dd/yyyy)

Print Name CalPERS Office (if applicable)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711