



A Guide to Completing Your CalPERS

# Service Retirement Election Application

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## INTRODUCTION

Your *Service Retirement Election Application* is the main form you will need to “step into retirement.” However, based on your particular situation, there are some additional forms you may need to complete. And while we recommend planning for your retirement at least a year before your retirement date, you should not submit your application to CalPERS more than 90 days prior to your retirement date.

Many things can change during your last year of work, such as pay raises, sick leave credit changes, etc., that can affect your retirement benefits. Waiting to submit your application until the 90-day point can prevent having multiple adjustments made to your benefits after you retire.

## WHY RETIREMENT PLANNING IS IMPORTANT

Educating yourself beforehand is the key to making good retirement decisions. You cannot change your retirement option election, your designated beneficiary, or the retirement date you request on the *Service Retirement Election Application* after you receive your first full retirement benefit check. Therefore, it is very important that you fully understand what each election means to you and to those you plan to leave benefits to after your death. If you want to make a change to your election, contact CalPERS immediately.

To help you with making these important decisions, CalPERS offers a variety of information on retirement topics. Start by reviewing the detailed benefit information in your CalPERS member benefit publication and the *Planning Your Service Retirement* publication. You can get a copy of these and other CalPERS member publications from your employer, at any CalPERS Regional Office, or by calling toll-free 888 CalPERS (or 888-225-7377).

Our CalPERS On-Line Web site ([www.calpers.ca.gov](http://www.calpers.ca.gov)) is an excellent source of information for all CalPERS programs and services. All of our member publications are available online.

Each October or November, CalPERS sends you an *Annual Member Statement* that provides information on your service credit history and your CalPERS contributions account. Review your member statement to make sure we have the correct employment history for you.

If you have not already attended a CalPERS educational class, you can access, enroll, or take classes On-Line at the CalPERS Education Center located on the home page of CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov), or by calling toll-free 888 CalPERS (or 888-225-7377). The classes, which are scheduled throughout the state, help you understand the retirement process, financial planning, and the decisions you will need to make as you approach retirement.

For more information about your retirement benefits, visit CalPERS on the Internet at [www.calpers.ca.gov](http://www.calpers.ca.gov).

## Request a Retirement Benefit Estimate

Since financial considerations are such an important part of your retirement decision, you should get an estimate of your retirement benefits when you begin to think seriously about retirement. There are two main ways to get a CalPERS retirement estimate — on the Internet or from CalPERS staff. Both types of estimates are approximations of your retirement benefit.

1. If you are three years or more away from expected retirement, we recommend obtaining an online estimate yourself by using the CalPERS Retirement Planning Calculator on our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). It is the fastest and most convenient way to get an estimate. The advantage of the online calculator is that you can make projections and experiment with different scenarios to see how they might impact your benefit, such as working two more years before retiring.
2. If you are less than three years from expected retirement, we recommend getting a CalPERS staff-prepared estimate. Our staff may be able to incorporate information on other retirement benefit options that are not currently available on the calculator. You can request a staff-prepared estimate online, but you first have to register for an online User ID and Password on our Web site. You may also request a staff-prepared estimate by submitting the *Retirement Allowance Estimate Request* form in this publication.

## YOUR RETIREMENT PLANNING CHECKLIST

The following checklist will help you plan the steps you should take during the 12 months before you retire. If your retirement date is less than a year away, do not worry. CalPERS can still help you to retire on the day you have chosen. CalPERS can also expedite retirement processing for those who are facing a terminal illness. If this is your case, contact CalPERS or your employer immediately to discuss an emergency retirement.

### One Year Before Retiring

- Review your most recent CalPERS Annual Member Statement. If you don't have it available, you can register to view your statement online at [www.calpers.ca.gov](http://www.calpers.ca.gov) through the my|CalPERS portal. If you do not have Internet access, contact CalPERS at **888 CalPERS** (or **888-225-7377**) to request a copy.
- If you think you may be eligible to purchase additional service credit for employment not shown on your statement, you should request *A Guide to Your CalPERS Service Credit Purchase Options* and complete the appropriate forms. **You must submit your request to purchase service credit before your retirement date to be eligible to purchase that service.**

- Attend one of the various CalPERS Retirement Education classes. You may enroll online via my|CalPERS and see descriptions of the classes available.

## 9 Months Before Retiring

- If you have a community property claim on your retirement account, you must provide CalPERS a copy of the court order that resolves the claim so we can determine if the order is acceptable for dividing retirement benefits. If the order is not acceptable, a further order will be required, which will delay the release of retirement benefits to all parties. Therefore, it is critical that the community property issue be resolved prior to your retirement. If you are not sure if CalPERS has received an acceptable court order, or if you have questions about your court order or your benefits, please contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

**Note:** If you have an acceptable court order that requires you to elect a specific option and name a specific beneficiary at retirement, your retirement application must be completed in accordance with these option and beneficiary requirements. Your retirement application will be rejected and supplemental retirement information will be required if you make the incorrect option and beneficiary designations.

- If you are also a member of another public retirement system in California, you should review the *When You Change Retirement Systems* publication. Contact the other public retirement system to determine their process requirements and timeframes to apply for retirement. Your retirement date must be the same with both systems for reciprocity benefits to apply.

## 6 Months Before Retiring

- If you have not already done so, it is time to think about having a CalPERS-generated retirement estimate prepared. You can request a CalPERS-generated retirement estimate through your my|CalPERS access. Use the “My Planning Tools/Request My Retirement Estimate” function tabs on our Web site at <http://my.calpers.ca.gov> or complete the *Retirement Allowance Estimate Request* form in this publication and send it to CalPERS. This information can help you choose your actual retirement date and help you select your retirement benefit option.

## 4 to 5 Months Before Retiring

- Begin working on your *Service Retirement Election Application* form. Since some of the information must be completed by your employer, we suggest you complete Sections 1 through 6 (the form and step-by-step instructions are in this publication) and then take it to your personnel office to complete Section 7. Doing this now will ensure your employer has enough time to complete the form so that you can send it to CalPERS 90 days before your retirement date.

### **Important**

If you are a member of another public retirement system in California in addition to CalPERS, you must file an application for retirement with each retirement system to initiate your retirement benefits with each system separately.

Your benefits may be based on the highest compensation earned under all systems if your retirement date is the same for all systems, subject to the provisions under each system.

- This is also the time you should begin to gather and make copies of the required documents you will need. Remember, please send CalPERS **photocopies** of the documents; never send originals. Always include your Social Security number on every document you submit. Please refer to the Required Documents Checklist in this publication before you send in your application.
- Copy of **marriage certificate** or copy of **certificate of registered domestic partnership** is needed if you are a State or school member, or a public agency member whose employer contracts for the Survivor Continuance Monthly Allowance, or if you will be naming your spouse or domestic partner as your beneficiary.
- Copy of **your beneficiary's birth certificate** is needed if you are considering one of the options to provide continuing benefits to a beneficiary after your death, or you have a child under the age of 18 or a child who became disabled before age 18 who is eligible for the Survivor Continuance Monthly Allowance.

### 3 to 4 Months Before Retiring

- If your personnel office has not yet returned your retirement application to you with Section 7 completed, this is the time to have them do so.
- Now, you should finish completing the application, Sections 8 and 9.
- Check out the other CalPERS forms in this publication to see if you need to use them, based on your particular situation. These include: *Retirement Allowance Estimate Request*, *Justification for Absence of Spouse's or Domestic Partner's Signature*, and *Direct Deposit Authorization*.

### 3 Months Before Retiring

- Now it is time to mail your completed *Service Retirement Election Application* form and any other applicable forms to CalPERS at the address shown on the last page of the form. Be sure you keep a copy of all the forms and supporting documents for your records and future reference. Please do **not** fax your retirement application to CalPERS. Apply timely as any delay in mailing your application could result in a delay of your first payment.

## GUIDE TO COMPLETING YOUR SERVICE RETIREMENT ELECTION APPLICATION

Remove the *Service Retirement Election Application* from the Retirement Forms section of this publication, so you can follow the step-by-step instructions for each section while you are completing it.

### Section 1 — Information About You

This section tells CalPERS about you.

- Enter your full name as it appears on your Social Security card. Note: If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (marriage certificate, court order, etc.). Additionally, the IRS requires CalPERS to obtain a photocopy of your updated Social Security card containing your new name before we can discontinue using your former name. Until we receive a copy of your updated Social Security card, we are limited to adding your new last name to the name currently on our records.
- Enter your Social Security number. CalPERS needs the number to obtain your employment information from our records.
- Enter your mailing address. We need your home address or P.O. Box number, including city, state, ZIP code, and country. Your monthly retirement check will be mailed to this address, unless direct deposit is established. CalPERS will also use your home address to mail your annual tax statement and other information to you. To select direct deposit, please complete the *Direct Deposit Authorization* form in this publication.
- Your birth date (month, day, and year) is needed to verify that our records are correct. We want to make sure this is accurate, since your age is one of the components used to determine your retirement benefits.
- Enter if you are male or female.
- Enter your home and work telephone numbers, so we can reach you if we have any questions or need more information.

### Section 2 — Information About Your Retirement

This section tells us when you want to retire and provides other information needed to determine your benefits.

**Note:** The effective date of your retirement can be no earlier than the day following your last day on payroll, as long as your application is received in CalPERS within 9 months of that date. If not, the retirement date can be no earlier than the first of the month in which your application is received by CalPERS.

- Enter the actual **retirement date** you have chosen (month/day/year). Remember, your retirement may be effective any day of the week, including Saturday and Sunday. It should be the day following your last day of work or authorized paid leave of absence. Your age on your retirement date determines your eligibility to work as a retired annuitant for any CalPERS employer.

- If when you retire you are under the normal retirement age for your retirement formula, i.e., under 55 for the 2% at 55 formula, 60 for the 3% at 60 formula, or 65 for the 1¼% at 65 formula, you can work as a retired annuitant as long as:

- 1) You have made no verbal or written agreement that you will work as a retired annuitant for any CalPERS employer, and
- 2) You have completed a 60-day break in service between your retirement date and the date you begin work as a retired annuitant.

For more information about working after retirement, review the CalPERS publication *A Guide to CalPERS Employment After Retirement*.

- Add the **name of your employer**. This should be the full name of the CalPERS-covered agency you are currently working for. If you are no longer an active member, list the agency where you last worked.
- Enter your **position title**. This information should not be abbreviated or be an acronym. Please list the position title in full.

**Temporary Annuity** benefit is additional monthly income you may choose to enhance your pension from CalPERS. The type of Temporary Annuity you are eligible for depends on your CalPERS membership date.

- **Membership date of January 1, 2002, or later** — Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop, whole age 62 to 70, and the dollar amount requested. You must have CalPERS service coordinated with Social Security to be eligible for this benefit. The amount of Temporary Annuity cannot exceed your estimated Social Security benefit. You must request an estimate of your Social Security benefits from the Social Security Administration prior to submitting your CalPERS retirement application.

..... or .....

- **Membership date prior to January 1, 2002** – Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop, age 59 ½ or any whole age 60 to 68, and the dollar amount requested. The amount of Temporary Annuity is not dependent on the amount of your estimated Social Security Benefit.

The Temporary Annuity benefit is funded through a lifetime reduction of your monthly retirement allowance. If you elect Temporary Annuity, you must also name a beneficiary for the Temporary Annuity balance in Section 3d of the application. If you are not sure if you want a Temporary Annuity and would like to know more about it, contact CalPERS for a copy of the Temporary Annuity publication. You can also request an estimate for Temporary Annuity by using the *Retirement Allowance Estimate Request* form in this publication.

- Your **final compensation** is the highest average pay rate and special compensation during any consecutive one-year or three-year period. Which compensation period we use depends on your employer's contract with CalPERS. If you are not sure, ask your personnel office.

To calculate the final compensation, we take your last day on payroll and go back 12 or 36 consecutive months. However, if you believe you had a different period when your compensation may have been higher than the period leading up to your last day on payroll, enter that information.

#### **Other California Public Retirement Systems**

- If you are a member of another California public retirement system, check "yes" and complete the information in "Other California Public Retirement Systems." This does not include Social Security, military, or railroad retirement.
- Please list the complete name of the other California retirement system. Do not abbreviate.
- Enter the retirement date with the other system.
- Add the dates of service credited.

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other system. You must also submit a retirement application to each system.

#### **Section 3 — Select Your Retirement Payment Option and Beneficiary**

This section tells CalPERS your retirement allowance option choice. Keep in mind that the option chosen will be calculated based on payroll information on file when your application is submitted. The benefit amount at the time of retirement may need to be adjusted after final payroll information is received.

**Note:** If you are eligible for health or dental benefits through CalPERS, your surviving spouse or registered domestic partner must receive a monthly allowance after your death to continue the health or dental benefit coverage. The Unmodified Allowance and the Option 1 Allowance do not provide a monthly allowance to your surviving spouse or registered domestic partner. If your employer does not contract to provide the Post Retirement Survivor Allowance (PRSA), you will need to elect an option that provides for a lifetime monthly allowance to your spouse or registered domestic partner. If your employer does contract to provide the Post Retirement Survivor Allowance (PRSA) as long as your spouse or registered domestic partner and you are married/registered at least one year prior to your retirement and remain married/registered until your death, your spouse or partner will receive a monthly allowance of either 25% or 50% of your unmodified allowance amount. See Survivor Continuance on **page 16** for more information.

You need to decide if you want **Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4's**. More information on each of these options is provided here to assist you in making

your decision. The retirement estimate you should have received provided you with a projection of the retirement benefit you and your beneficiary would receive for each of these choices. If you have not requested an estimate you should do so prior to completing the application in order to make an informed option decision.

**Note:** If you are married or in a registered domestic partnership but do not name your 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 percent of the benefit based on the contributions or service credit earned for the period of CalPERS service during which you were married or in a registered partnership. Your 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 your spouse or domestic partner. Your 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.

Your option choices are:

- **Option 1** — Upon your death, any unused member contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing monthly allowance to a beneficiary.

**Note:** If you are a State Second Tier member, you are not eligible for Option 1 because you did not pay contributions to CalPERS. If you paid contributions to CalPERS, it takes about 10 years of retirement to totally deplete your contributions, which means this option would not be paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

*Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.*

You may designate more than one person as beneficiary. And you may change your beneficiary at any time by submitting a *Post Retirement Lump Sum Beneficiary Designation* form.

- **Option 2** — The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance applies (see Section 5), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase to the Unmodified Allowance Option amount if:
  - your beneficiary dies; or
  - your non-spouse beneficiary waives entitlement to the Option 2 benefit; or
  - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of

- partnership, or annulment you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
- you notify CalPERS of the change.

*Name your Option 2 Individual Lifetime Beneficiary in Section 3a of the application.*

- **Option 2W** — As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase to the Unmodified Allowance Option amount under the situations described in Option 2.

*Name your Option 2W Individual Lifetime Beneficiary in Section 3a of the application.*

- **Option 3** — In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuance applies, your beneficiary will also receive the Survivor Continuance portion. If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. (See Survivor Continuance on **page 16** for more information.) Your retirement allowance will increase to the Unmodified Allowance Option amount if:
  - your beneficiary dies; or
  - your non-spouse beneficiary waives entitlement to the Option 3 benefit; or
  - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment, you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
  - you notify CalPERS of the change.

*Name your Option 3 Individual Lifetime Beneficiary in Section 3a of the application.*

- **Option 3W** — As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase to the Unmodified Allowance Option amount in the situations described in Option 3.

*Name your Option 3W Individual Lifetime Beneficiary in Section 3a of the application.*

- **The Unmodified Allowance Option** — This is the highest monthly allowance you can receive. However, it does not provide a continuing monthly allowance to a beneficiary, and there is no return of any unused member contributions after your death.

- **Option 4** — Option 4 allows you to choose a more customized benefit, as long as the amount to your beneficiary is not greater than the benefit provided under Option 2W. Request CalPERS publication *Retirement Option 4* for more information about this option. There is no provision under any Option 4 calculation for your allowance to increase to the Unmodified Allowance Option amount provided in Options 2 and 3.

*Name your Option 4 Individual Lifetime Beneficiary in Section 3a of the application.*

The following are the types of Option 4 allowances currently available.

**Option 2W & 1 Combined** — Upon your death, the retirement allowance you receive will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 2W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, you must also name a beneficiary for your Option 1 balance.

**Note:** In most cases, no contributions remain after approximately 10 years of retirement, which means then Option 1 benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

*Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.*

**Option 3W & 1 Combined** — In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuance applies, the beneficiary will also receive the Survivor Continuance portion. (See Survivor Continuance on **page 16** for more information.) If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 3W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, you must also name a beneficiary for your Option 1 balance.

**Note:** In most cases, no contributions remain after approximately 10 years of retirement, which means the Option 1 benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

*Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.*

**Specific Dollar Amount to Beneficiary** — You can specify the dollar amount of your retirement allowance to be paid to your beneficiary upon your death.

**Specific Percentage to Beneficiary** — You can specify the percentage of your Unmodified Allowance Option amount to be paid to your beneficiary upon your death.

**Reduced Allowance for Fixed Period of Time** — You can elect to receive a specific dollar amount or percentage of your Unmodified Allowance Option for a specific length of time based on your lifetime alone or the joint lifetimes of you and your beneficiary. After this period, you will receive an increased allowance based on the actuarial equivalent of your remaining benefit. The minimum you can elect to receive is 25 percent of your Unmodified Allowance Option or equal to the payable Survivor Continuance, if higher. This amount should allow for any deductions for health and dental benefits to be maintained, if you are eligible for those benefits.

**Reduced Allowance upon Death of Retiree or Beneficiary** — You can specify a minimal reduction to the Unmodified Allowance Option (at least \$1) to provide the highest allowance possible while both you and your beneficiary are living. Upon the death of either you or your beneficiary the continuing allowance will be significantly reduced for the survivor.

**Multiple Lifetime Beneficiaries** — Unlike the other options that limit you to one beneficiary, this option allows you to provide a lifetime benefit to more than one beneficiary. You can give each beneficiary an equal share or designate specific dollar amounts or percentages of your benefit for each beneficiary.

*Name your Option 4 Multiple Lifetime Beneficiaries in Section 3b of the application.*

**Option 4 – Court Ordered Community Property** — This option only applies to very specific cases in which a member is required by court order, entered pursuant to Family Code Section 2610, to elect an Option 4 to provide a community property interest to a former spouse or former legally recognized domestic partner equal to their community property interest. CalPERS will determine the community property interest at the time of your retirement using the method described in your court order.

This option allows you to select one of several different options and gives you the opportunity to name another beneficiary *for your share of the benefit*.

- If you elect Option 4/Unmodified, you are providing only for the Option 4 Court Ordered beneficiary.

*Name your Option 4 Court Ordered beneficiary in Section 3c of the application.*

- If you elect Option 4/1, you are providing for the Option 4 Court Ordered beneficiary and naming a beneficiary for the Option 1 Balance of Contributions.

*Name your Option 4 Court Ordered beneficiary in Section 3c and your Option 1 Balance of Contributions beneficiary in Section 3d of this application.*

- If you elect Option 4/2W or Option 4/3W, you are providing for the Option 4 Court Ordered beneficiary and naming a lifetime beneficiary for your share of your monthly benefit.

*Name your Option 4 Court Ordered beneficiary in Section 3c and your Option 2W or 3W Individual Lifetime Beneficiary in Section 3a of the application.*

If you have questions about your court order or your benefits, please contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

### **Section 3a — Individual Lifetime Beneficiary**

If you elected Option 2, 2W, 3, 3W or 4, or Court Ordered Community Property Option 4/2W or 4/3W, name your beneficiary here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the beneficiary you designate to receive continuing benefits after your death.

### **Section 3b — Multiple Lifetime Beneficiaries**

If you elected Option 4 Multiple Lifetime Beneficiaries name your multiple beneficiaries here. Enter the names, Social Security numbers, birth dates, sex, relationships to you, and address of each beneficiary you designate to receive continuing benefits after your death. If you wish your beneficiaries to receive an equal share of your benefits, do not fill in the specific dollar or specific percent of benefit. If you wish unequal amounts for each beneficiary, specify dollar amount or percent of benefit in space provided.

### **Section 3c — Court Ordered Option 4 Community Property Beneficiary**

If you are required by court order to designate your former spouse or former legally recognized domestic partner as a beneficiary for their community property interest, name that person here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the Community Property Beneficiary. If you have questions about your court order or your benefits, please contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

### **Section 3d — Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary**

If you elected Option 1, Option 4-2W/1 or 4-3W/1 combined, or the Temporary Annuity benefit, name your beneficiary(ies) here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the beneficiary you designate to receive any lump-sum balance of your remaining member contributions or the balance of your Temporary Annuity benefit after your death.

You can designate any person, corporation, or your estate as beneficiary for these lump sum benefits. If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

If naming more than three beneficiaries for any of these benefits or naming separate beneficiaries for the Option 1 Balance and the Temporary Annuity Balance, you will need to complete a *Post Retirement Lump Sum Beneficiary Designation* form and return it with your retirement application. If more space is needed, you may make photocopies of the blank form. Be sure to check which benefit applies to each designation form and note under the title of the form the number and total pages included (i.e., 1 of 2, 2 of 2, etc.).

You may change your beneficiary at any time by submitting a revised form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original beneficiary designation.

**Note:** If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, their surviving parent can claim the child's death benefit without a court order if the child is in their care. Or, if the child is not in the custody of their parent we will request a court order that either appoints someone as guardian of the child's estate or directs us to pay the child's benefit to a blocked bank account. As an alternative to these methods, you may request that we give you a "California Uniform Transfers to Minors Act" form that you can complete now to nominate a custodian to claim any benefits that may become payable to your minor child. Please do not name the guardian or custodian of a minor child as your beneficiary; just name the child if that is your desire.

Once you have completed this section; carefully review "Is My Paperwork in Order?" on **page 21** to determine which beneficiary or survivor documentation to submit with your application.

#### **Section 4 — Retired Death Benefit**

The Lump Sum Retired Death Benefit is payable upon your death, in addition to any payment under the option you select. You can select anyone you wish to receive this benefit. The amount payable is based on your employer's contract with CalPERS.

- For State, California State University, or University of California members, the Retired Death Benefit is \$2,000.
- For school members, it is \$2,000, unless your employer has elected a higher amount up to \$5,000.
- For public agency members, the lump sum death benefit is based on the employer's contract, and it can range from \$500 to \$5,000.

To name more than three beneficiaries for the Retired Death Benefit, you must complete the *Post Retirement Lump Sum Beneficiary Designation* form. Contact CalPERS to request a form and return it with your retirement application. You may change your beneficiary at any time by submitting a revised *Post Retirement Lump Sum Beneficiary Designation* form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original designation.

### Section 5 — Survivor Continuance

The Survivor Continuance benefit is payable to all State members, school members, and public agency members if the former employer has contracted to provide it and you have an eligible survivor. Survivor Continuance is an employer-paid monthly benefit paid to an eligible survivor.

If you are not sure if you are covered by this benefit, check with your personnel office. Benefits are paid to an eligible survivor in addition to and regardless of which retirement payment option you elect.

Be sure you complete all the boxes in this section that apply to your situation.

Eligible survivors are:

- a spouse who was married to you at least one year prior to your retirement and continuously until your death, or if none;
- a domestic partner in a legally recognized partnership that was entered into at least one year prior to your retirement and continuously until your death, or if none;
- unmarried children under age 18 who have never been married or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders the child incapable of gainful employment, or if none;
- an economically-dependent parent.

**Note:** If you have a severely disabled minor or adult child who is not capable of handling their own financial affairs, you may wish to talk with an attorney about creating a special needs trust so the successor trustee can claim the child's survivor allowance without having to obtain a court order for conservatorship or guardianship of the disabled child. The special needs trust must be established for the sole benefit of the disabled child during the child's lifetime and there cannot be a provision that allows for assignment of the child's benefit to someone else. A copy of the Special Needs Trust should be sent to CalPERS to ensure it can be honored and then retained in your file for future use.

Payments to children stop at age 18, or upon their marriage, death, or recovery from disability.

The amount of the monthly benefit depends on your Social Security coverage.

If your service credit is **not covered** by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance, based on actual service with an employer that provides this benefit. If your service credit is **covered** by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.

#### **Section 6 — Last Day on Payroll**

- Enter the last day you were on payroll (month/day/year). This information is important to ensure your benefit is calculated correctly. We will use the information provided by your employer, if different.

#### **Section 7 — Employer Certification**

If you are currently employed by a CalPERS-covered agency, your employer must complete this section. (You may want to make a copy of these instructions for your employer's use.) If you left employment at a CalPERS-covered agency more than four months before your retirement date, you are not entitled to service credit for any balance of unused sick leave or educational leave or health, dental, or vision benefits even if your employer contracts for any of them. Therefore, your employer is not required to complete this section.

- Enter the employee's last day on payroll, which is the last day the employee will receive pay. In most situations, this will be the same day as the separation date.
- Enter the employee's separation date, which is the last day the employee will be considered in employment status. This date cannot be later than the day before the retirement date.
- If your agency contracts for unused sick leave credit, enter the unused sick leave hours as of the employee's separation date, divide by eight, enter the result as the unused sick leave days.
- Enter the balance of educational leave hours as of the employee's separation date, divide by eight, enter the result as the unused sick leave days.
- The employer's signature and position title are required.
- Also add the printed name of the person signing the certification.
- Enter the title of the person signing the certification.
- Enter the telephone number of the employer.

**Note:** Any changes to the certified information submitted on the retirement application must be submitted on an *Amended Employer Certification* form. An adjustment to the employee's retirement allowance will be completed once we receive the amended form. Contact CalPERS for a copy of this form.

#### **Section 8 — Tax Withholding Election**

This section tells CalPERS how you want your tax withholding handled. To assist you in making this decision, see the "Taxes and Your Service Retirement" information in this publication or talk with your tax advisor. You can change your withholding at any time by completing another CalPERS *Tax Withholding* Form.

- Under each section, federal tax withholding and State of California tax withholding, you can make only one election. Choose between no withholding, withholding a flat dollar amount, or withholding based on the tax tables.
- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are married with three exemptions. If you reside outside of California, your CalPERS pension income is not subject to California State income tax.

### Section 9 — Member Signature & Notary

**This section must be completed or your application will be returned.** Your signature and your spouse's or legally recognized domestic partner's signature must be notarized by a Notary Public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, staff at the U.S. Consulate may witness your form.

If you are married or in a legally recognized domestic partnership, your current spouse or domestic partner must sign to acknowledge your election of a retirement benefit. If you are not able to obtain your spouse's or registered domestic partner's signature, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form and submit it to CalPERS before any retirement benefits can be paid.

If you are single, the justification form is not required; simply mark "No" and indicate "Never Married/Registered," "Divorced/Annulled," or "Widowed" in this section.

### What Happens Next?

After you submit your *Service Retirement Election Application*, CalPERS will take the steps necessary for you to retire on the day you have selected. Once your application is received at our Sacramento Headquarters office, you will receive an acknowledgment letter letting you know we have begun processing your request, usually within 5–10 days of receipt of your application. CalPERS will notify you if we have questions or need more information.

### Notification of Retirement Allowance

Before you receive your first retirement benefit check, usually after you have separated from employment, CalPERS will send you a letter providing you with the date of your first retirement check, the amount you can expect to receive, and important income tax information. If you have CalPERS health coverage, the letter will also have information about those benefits. Keep the letter along with other CalPERS documents you may have. Check the information carefully and contact CalPERS toll-free at **888 CalPERS** (or **888 225-7377**) if any information is not correct. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request on the *Service Retirement Election Application* cannot be made after you receive your first full retirement benefit check.

**Post Retirement Adjustments to Accounts**

Your initial retirement allowance will be an approximation of the amount you are eligible to receive. Any adjustment to your account, if needed, to reflect a change in service credit (i.e., Golden Handshake) or an increase in salary will be completed after final payroll information has been received. This usually takes place approximately 6 to 9 months after you begin receiving your monthly retirement payments.

## RETIREMENT FORMS

In addition to the *Service Retirement Election Application* form, this publication contains some other forms you may need.

### Retirement Allowance Estimate Request

This form is used to request an estimate of retirement and survivor benefits prepared by CalPERS staff.

As you begin to plan for your retirement, use this form to request an estimate of your future retirement benefits or you can also request a CalPERS retirement benefit estimate on our Web site. You can also get an idea of your benefits by using the information on your *Annual Member Statement* to get an estimate from the CalPERS Retirement Planning Calculator on our CalPERS On-Line Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). This information will help you make a well-informed decision when you choose your retirement benefit option.

### Justification for Absence of Spouse's or Domestic Partner's Signature

CalPERS requires proof that your spouse or legally recognized domestic partner is aware of your selection of benefits, by their signature on your retirement application. If you are married or have a domestic partner but are not able to obtain your spouse's or domestic partner's signature on your *Service Retirement Election Application* form, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form.

Your benefit election cannot be processed without either your spouse's or legally recognized domestic partner's signature on this form.

### Direct Deposit Authorization

This form is optional and can be completed at any time before or after retirement.

Direct deposit electronically transfers your retirement benefit allowance directly into your checking or savings account, avoiding the need for you to sign and deposit your benefit check at your bank. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this publication. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.

## Is My Paperwork in Order?

Use the following information to make sure you have all the necessary documentation to go with the Service Retirement Election Application you need to provide to CalPERS.

- Write your Social Security number in the upper right corner on all documents you submit to CalPERS.
- Never send originals of your documents — CalPERS accepts photocopies of these important papers.
- If all the necessary documents have not been provided to CalPERS at the time of your death, we may have to delay payment of death benefits until the missing documents are received. You can avoid this unnecessary delay and hardship on your beneficiary by providing all necessary documents in advance.

### **Service Retirement Election Application**

#### *Sections 1 through 2*

- No documentation required.

#### *Section 3*

If you chose the Unmodified Allowance Option or Option 1:

- No documentation required.

If you chose Option 2, 2W, 3, 3W, or any Option 4:

- Photocopy of your beneficiary's birth certificate required. Do not send originals and always include your Social Security number on all documents.

#### *Section 4*

- No documentation required.

#### *Section 5*

For the Survivor Continuance benefit:

- Photocopy of your marriage certificate or certificate of domestic partnership or a birth certificate for each eligible survivor. Do not send originals and always write your Social Security number on all documents in the upper right corner.
- If you are unable to obtain these documents, other documents may be acceptable (see Other Acceptable Documentation on page 22).

#### *Sections 6 through 8*

- No documentation required.

#### *Section 9*

- If you are not married or not in a registered or legally recognized domestic partnership, just check the "No" box in this section.

**Send Photocopies,  
Not Original  
Documents**

CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only.

- If you are married or have a domestic partner but cannot have your spouse or domestic partner sign, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form and submit the form with your application.
- Remember to sign and date the form.
- Don't forget that your and your spouse's or domestic partner's signature must be notarized or witnessed by a CalPERS representative.

**Other Acceptable Documentation**

(in order of preference)

**Send photocopies only and write your Social Security number in the upper right corner on every document.**

*Birth Date Evidence*

- Valid driver's license or identification card
- Baptismal record showing birth date, if baptism occurred at early age
- Passport
- Early school record showing birth date or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

*Marriage Certificate Evidence*

- Your beneficiary's naturalization papers or passport issued in their married name may be used in lieu of a marriage certificate if the document contains the date of marriage or was issued at least one year prior to your retirement date.
- Affidavit of marriage from someone who witnessed your marriage ceremony. The affidavit must be signed by the witness under penalty of perjury, and their signature must be notarized.

*Domestic Partner Evidence*

- The only acceptable evidence is a legally recognized certificate of domestic partnership.



# Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

## Section 1

Provide the address you would like your estimated retirement allowance sent to.

### Information About You

Name of Member (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ ( ) Daytime Phone \_\_\_\_\_ ( ) Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Section 2

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

### Retirement Information

Type of estimate for your retirement allowance  Service  Disability  Industrial Disability

Employer \_\_\_\_\_ Projected Retirement Date (mm/dd/yyyy) \_\_\_\_\_

Are you a member of another retirement system that has established reciprocity with CalPERS?  No  Yes

Name of System \_\_\_\_\_ Estimate Final Compensation Amount \_\_\_\_\_

### Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

No  Yes, from \_\_\_\_\_ to \_\_\_\_\_  
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

### Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

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

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(62 to 70) Dollars

..... or .....

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(59 1/2 or whole age 60 to 68) Dollars

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

## Section 3

### Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary \_\_\_\_\_ Relationship to You \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

## Section 4

### Information About Your Survivor Continuance

Do you have an eligible survivor?  No  Yes

## Section 5

### Your Option 4 Retirement Options

Option 2W & Option 1 combined  Option 3W & Option 1 combined

Specific Percentage to Beneficiary \_\_\_\_\_ %  Specific Dollar Amount to Beneficiary \$ \_\_\_\_\_  
Percentage Amount

Reduced Allowance by \_\_\_\_\_ through \_\_\_\_\_  
Percentage or Dollar Amount Date (mm/yyyy)

Multiple Lifetime Beneficiaries \_\_\_\_\_  
Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)

Reduced Allowance Upon Death of Member or Beneficiary \$ \_\_\_\_\_  
Reduction Amount

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W and Unmodified Allowance. If these do not meet your needs, you may request one of the approved Option 4 types listed at right.

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

## Section 1

### Information About You

**Name:** Provide your first name, middle initial, and last name.

**Social Security Number:** Provide your Social Security Number.

**Birth Date:** Provide month, day, and complete year.

**Mailing Address:** Provide the mailing address where you want to receive your estimated retirement allowance.

**Telephone Number(s):** Provide us your home and/or work number in case we need to reach you.

## Section 2

### Information About Your Retirement Estimate

**Projected Retirement Date:** List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with ten years of service credit. There are some exceptions to these requirements.

**Type of Estimate for Retirement Allowance:** Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

**Other California Public Retirement Systems:** Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the *When You Change Retirement Systems* publication.

**Final Compensation Period:** Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. **Only** enter information for the final compensation period if you wish to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

**Temporary Annuity** is an additional monthly income you may choose to augment your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. If your CalPERS membership date is prior to 01/01/2002, you may choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 01/01/2002, you may choose any whole age 62-70. You can also name the dollar amount you wish to receive (certain limitations apply, please refer to the Temporary Annuity publication). If your CalPERS membership date is on or after 01/01/2002 the amount of Temporary Annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the *Temporary Annuity* publication.

## Section 3

### Individual Lifetime Beneficiary (2, 2W, 3, 3W)

A **beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

**Relationship to You:** A beneficiary can be a spouse, child, friend, etc.

**Beneficiary Birth Date:** Provide month, day, and complete year.

## Section 4

### Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuance you must be married or have a domestic partner legally recognized in California on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least ½ of their support.

## Section 5

### Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W). If none of these meets your needs, you may request one of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the *Retirement Option 4* publication.



# Service Retirement Election Application

(888) CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

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

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 | Work Phone

## Section 2

### Information About Your Retirement

Please do not abbreviate your employer or position.

Please refer to the detailed instructions in this booklet.

Retirement Date (mm/dd/yyyy)

Employer | Position Title

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

**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

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.

### Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

No  Yes, from \_\_\_\_\_ Beginning Date (mm/dd/yyyy) to \_\_\_\_\_ Ending Date (mm/dd/yyyy)

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

Retirement Date (mm/dd/yyyy) | Beginning Service Credit Date (mm/dd/yyyy) | Ending Service Credit Date (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. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this booklet 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 choice, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 2 - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 2W - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3 - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3W - To complete this option choice, 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 choice, 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 choice, you must also fill out Section 3a Individual Lifetime Beneficiary and Section 3d Balance of Contributions Beneficiary.
Specific Dollar Amount to Beneficiary \$ Dollars - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary
Specific Percentage to Beneficiary % Percent - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary
Reduced Allowance for Fixed Period of Time through Percent or Dollars Date (month/year)
Reduced Allowance upon death of retiree or beneficiary: \$ Dollars reduction amount
If you are naming a beneficiary under 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 choice, 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 choice, 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.

Put your name and Social Security number at the top of every page

Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Relationship to You \_\_\_\_\_ Dollar/Percent of Benefit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

**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 \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Put your name and Social Security number at the top of every page

Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Section 3d**

Designate up to 3 beneficiaries here. If you want to designate more than 3 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see information in this booklet on completing the Lump Sum Beneficiary Designation form.

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

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 booklet for more information.

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

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

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

**Section 4**

All Applicants must complete this section.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

**Retired Death Benefit**

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 booklet for more information.

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

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

Put your name and Social Security number at the top of every page

Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Section 4, continued

Retired Death Benefit, continued

All Applicants must complete this section.

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Relationship to You \_\_\_\_\_

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Section 5

Survivor Continuance

Please answer all five questions and complete the information in each section where you answered "yes".

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

1. Will you be married on and at least one year prior to your retirement date?  No  Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Date of Marriage \_\_\_\_\_

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

Name of Domestic Partner (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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 \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

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 \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

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 \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Name of Parent (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Section 6

Last Day on Payroll

Please enter the last day you received compensation.

(mm/dd/yyyy) \_\_\_\_\_

Put your name and Social Security number at the top of every page

Your Name

Social Security Number

### Section 7

## Employer Certification

Have your employer complete this section.

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

Do not detach from application.

This certification is not required if you are or were separated from employment for more than four months before your retirement date.

Employee's Last Day on Payroll (mm/dd/yyyy) | Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave hours on employee's date of separation \_\_\_\_\_ ÷ 8 = \_\_\_\_\_  
Hours Days

Balance of educational leave hours on employee's date of separation \_\_\_\_\_ ÷ 8 = \_\_\_\_\_  
Hours Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer | Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer | Phone Number of Employer | Date (mm/dd/yyyy)

### Section 8

## Tax Withholding Election

Please choose one only.

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

- Do not withhold federal income tax.
- Withhold federal income tax in the amount of \$ \_\_\_\_\_ per month.  
Dollars
- Withhold federal income tax based on the tax tables for:
  - A married individual with \_\_\_\_\_ tax withholding exemptions.  
Number
  - A single individual with \_\_\_\_\_ tax withholding exemptions.  
Number

In addition to the amount withheld based on the tax tables, withhold \$ \_\_\_\_\_ per month.  
Dollars

Please choose one only.

**State Income Tax** information. Please refer to the detailed instructions in this booklet 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.  
Dollars
- Withhold State of California income tax based on the tax tables for:
  - A married individual with \_\_\_\_\_ tax withholding exemptions.  
Number
  - A single individual with \_\_\_\_\_ tax withholding exemptions.  
Number

In addition to the amount withheld based on the tax tables, withhold \$ \_\_\_\_\_ per month.  
Dollars
- Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 9

Member Signature and Notary

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

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

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance 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 booklet.

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 Date (mm/dd/yyyy)

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

State of California, County of

On Date 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)





# Justification for Absence of Spouse's or Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This form is to be used with the Retirement Election Application

## Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

### Member Information

Name of Member (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Pursuant to Government Code Section 21261, the member's current spouse or legally recognized domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

**If a spouse or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member and submitted with the application for retirement.**

Select either 1 or 2 and indicate specifics:

- By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:
  - Never married or never in legal domestic partnership.
  - Divorced/marriage annulled or domestic partnership terminated. \_\_\_\_\_ Date (mm/dd/yyyy)
  - Widowed. \_\_\_\_\_ Date (mm/dd/yyyy)
- By checking this box, you indicate that you are married or have a registered domestic partner, but your spouse or domestic partner did not sign this form because:
  - You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or domestic partner.
  - Your spouse or domestic partner has been advised of the application and has refused to sign the acknowledgment.
  - Your spouse or domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
  - Your spouse or domestic partner has no identifiable community property interest in the benefit.
  - Your spouse or domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

## Section 2

### Information Certification

You hereby certify under the penalty of perjury that the foregoing information is true and correct.

Signature of Member \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Mail to:

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





# Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

## Section 1

### Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		Social Security Number
Address		( ) Daytime Phone
City	State	ZIP Code

## Section 2

### Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking  Savings  Individual  Joint (If so, Complete Section 3)  Trust Account \*

Routing Number (nine digits)	Account Number
------------------------------	----------------

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution	( ) Branch Phone Number	
Address		
City	State	ZIP Code

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)
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## Section 3

### Information About Joint Account Holder (If applicable)

Name	Social Security Number or Date of Birth (mm/dd/yyyy)	
Address		
City	State	ZIP Code

## Section 4

### Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account.

Direct Deposit statements are available online.

Signature of Payee	Date (mm/dd/yyyy)
--------------------	-------------------

\*\* Don't have a User ID and password? Register online at [www.calpers.ca.gov](http://www.calpers.ca.gov).

- I elect to view my statement online.\*\* or  
 I elect to receive my statement by mail.

PAIN: \_\_\_\_\_ (CalPERS Use Only)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716



## OTHER THINGS TO CONSIDER

Now that you have taken your first steps to retirement, there are some other important things to consider. Make a smooth transition into retirement by reviewing the information below. Taking the time to understand these issues now will eliminate “surprises” in the future.

### Health Coverage

You must be eligible for CalPERS health benefits in retirement to continue your health insurance coverage or to have the right to enroll in the future after retirement.

To be eligible, you must:

- Retire within 120 days (four months) of your separation from employment;
- Be eligible for enrollment in a CalPERS health plan at the time of separation from employment, in your own right. State members participating in a “cash in lieu” or “flex” program are considered eligible;
- Receive a monthly retirement warrant;
- Separate and retire from an employer who contracts with CalPERS for health benefits.

**Note:** If you are a State employee and were hired after January 1, 1985, you may be subject to vesting requirements that can affect the amount the State contributes to your health benefits premium.

For more information, contact CalPERS toll-free at **888 CalPERS** (or **888-225-7377**).

### Medicare

If, upon retirement, you are enrolled in a CalPERS health plan and you are eligible for Part A and Part B of Medicare, State law does not allow your continued enrollment in the “Basic” health plan. You may enroll in a Supplement to Medicare or Managed Medicare health plan. Contact CalPERS immediately after receiving your Medicare card to coordinate the effective date of your Medicare coverage.

If you are retiring within 90 days of your own, or your spouse’s 65th birthday, contact the Social Security Administration (SSA) at (800) 772-1213 or TTY (800) 325-0778 about signing up for Medicare. In addition to signing up for Medicare, you will have to change from a Basic health plan to a plan that combines your Medicare benefits with your CalPERS-sponsored health benefits. CalPERS Medicare health plan members have prescription drug coverage as good as or better than Medicare Part D prescription coverage. Do not enroll in an external Medicare Part D plan. If you do enroll in a non-CalPERS Medicare Part D plan, you will lose your CalPERS health coverage.

## Dental Coverage (State Members Only)

To continue this coverage into retirement, you must be eligible for a State-sponsored dental plan on the date of your separation, and you must retire within 120 days (four months) of your separation.

**Note:** If you were hired after July 1, 1998, you may be subject to vesting requirements that can affect the amount the State contributes to your dental benefits premium. Contact your personnel office for assistance.

If you need more information, contact your personnel office or the Department of Personnel Administration at (916) 322-0300.

## Vision Care (State Members Only)

To continue this coverage into retirement you must be eligible for the State-sponsored vision plan on the date of your separation, and you must retire within 120 days (four months) of your separation.

**Note:** The State does not contribute towards your vision benefits premium.

If you need more information about vision benefits coverage, contact your personnel office or State Department of Personnel Administration at (916) 322-0300.

## Long-Term Care Program

If you are enrolled in the CalPERS Long-Term Care Program and have premiums deducted from your paycheck, you will need to call the program's customer service center toll-free at (800) 982-1775 before you retire to find out what steps are needed to continue your premium deductions after retirement.

## Other Deduction Payments

Many types of payments can be deducted from your monthly retirement check, such as car payments, retiree association fees, charitable contributions, savings account deposits, etc. To make sure all your current deductions continue after you retire, or to add new deductions, you must contact the provider and complete a direct deduction authorization request, which then must be forwarded to CalPERS.

## TAXES AND YOUR SERVICE RETIREMENT

### General Information

The subject of taxes can be confusing and perhaps a little intimidating. The following information is designed to help you understand and calculate the tax responsibilities of your CalPERS service retirement allowance.

As a CalPERS retiree, you may still have to pay both federal and state income taxes. Just like in your working years, you must fill out a tax withholding form.

While CalPERS can provide you with information on some tax laws you need to be aware of, you should request additional information regarding the taxability of your retirement allowance from the Internal Revenue Service, California State Franchise Tax Board, or from your tax advisor.

### 1099R Annual Tax Reporting Statement

Each January, you will receive a 1099R form containing information on your CalPERS income from the previous calendar year. Box 1 on the 1099R form, labeled “Gross Distribution,” contains the total amount of your gross allowance. This is normally the accumulated annual gross amount of the payments you received dated January 1 through December 31. Box 2a, labeled “Taxable Amount,” contains the amount of your gross allowance that is taxable income. This is the amount that you will report as income on your personal income tax return. Box 5, labeled “Employee Contributions or Insurance Premiums,” contains the amount of tax-free contributions you may have, if any.

You should be aware that CalPERS participates in the Combined Federal/State Filing Program. This means the California State Franchise Tax Board or your state of residence may access your reported income.

### Calculating The Tax-Free Portion of Your Retirement Allowance

Federal law requires CalPERS to use certain methods to calculate and report the annual tax-free portion of your retirement allowance. The tax-free portion is determined based on the previously taxed contributions you may have made when you were working. At different times during your work years, some contributions may have been deducted before taxes and some after taxes. The total amount may be found on your *Notice of Benefit Approval* letter under the heading of “Taxed Contributions.”

CalPERS uses the Simplified Safe Harbor Method tables in Internal Revenue Service (IRS) Publication 575, to determine the tax-free portion of your allowance. For retirements effective on or after January 1, 1998, use one of the following tables to determine the number of your lifetime payments. Divide the amount of your “Taxed Contributions” by the “Number of Lifetime Payments” to get your monthly tax-free allowance amount.

*Please note: If you were age 75 or over on your retirement effective date, you cannot use these tables. Instead, the IRS requires you to use the “General Rule” to determine your monthly/annual tax-free portion. Information on the “General Rule” can be found in IRS Publication 939, available on the IRS Web site ([www.irs.ustreas.gov](http://www.irs.ustreas.gov)) or can be ordered by calling the IRS at (800) 829-1040.*

**Table B – Simplified Method  
Single Life Annuity  
Receiving an Unmodified Allowance or Option 1 Benefit**

Find your age at retirement and use the corresponding payment numbers.	
Age at Retirement	Number of Lifetime Payments
55 & under	360
56-60	310
61-65	260
66-70	210
71-74	160

**Table C – Simplified Method  
Joint Life Annuity  
Receiving an Option 2, 2W, 3, 3W or 4**

Find your and your beneficiary’s combined ages at retirement and use the corresponding payment numbers.	
Combined Ages of Annuitants at Retirement*	Number of Lifetime Payments
110 or less	410
111-120	360
121-130	310
131-140	260
141 or more	210

*\* If you elected Option 4 and have more than one beneficiary designated to receive a lifetime benefit, you must use the youngest beneficiary’s age along with your age at retirement to determine the combined ages of annuitants at retirement.*

## Federal Tax Considerations

It is important to remember that you may be “penalized” by the Internal Revenue Service (IRS) if you do not withhold a sufficient amount during the tax year. To avoid any penalties, contact your local IRS office or a tax advisor to ensure you are in compliance with the federal tax withholdings.

For more information about federal taxes, please contact your local IRS office or a tax advisor. You can obtain a free copy of “*Pension and Annuity Income*,” IRS Publication 575, by calling toll-free (800) 829-1040 or visiting their Web site at [www.irs.ustreas.gov](http://www.irs.ustreas.gov).

## California State Taxes

Since federal legislation prohibits states from taxing the pension income of non-residents, if you reside outside the state, California State taxes will not be withheld from your CalPERS benefit without your authorization. While your CalPERS benefit is still a California source income, there is no longer any California source tax for qualified non-residents. If you have questions about your California residency status or your California State taxes, contact the California Franchise Tax Board (or visit their Web site at [www.ftb.ca.gov](http://www.ftb.ca.gov)) or a tax advisor.

## Tax Withholding Election

Unless you submit an election for tax withholding, CalPERS is required to withhold taxes from your monthly allowance based on the tax tables for a married person with three exemptions. By law, all CalPERS retirees whose allowances are taxable are required to select one of the three withholding choices:

- To have no taxes withheld;
- To have a specific dollar amount withheld (you determine the amount for both federal and State withholding); or
- To have taxes withheld according to the tax tables, based on marital status and number of exemptions (you may also add a specific dollar amount to this election).

If you choose one of the tax tables, taxes will not be withheld unless your gross allowance exceeds the minimum amount listed on the tax table for your filing status (i.e., single, married, number of dependents, etc.).

## AFTER RETIREMENT

### Working After Retirement

After you have retired, you may think about going back to work on a temporary or permanent basis.

If you are going to work for a private company employer that does not provide services to a CalPERS employer, there are no restrictions to your employment.

If you are going to be working as an “Independent Contractor” for a CalPERS employer, or for a private company that provides services to a CalPERS employer, or you wish to work temporarily for a CalPERS employer as a “retired annuitant,” you should request the *A Guide to CalPERS Employment After Retirement* publication.

It is your responsibility to inform any CalPERS employer or private company that provides services to a CalPERS employer that you are retired from CalPERS before accepting employment.

### Reinstatement From Retirement

If you are considering returning to permanent employment with a CalPERS employer to earn additional service credit towards a subsequent retirement, you should request the CalPERS publication *A Guide to CalPERS Reinstatement From Retirement*. Before you make the decision to reinstate, consult with your prospective employer’s human resources or personnel office to determine your specific benefits as a retiree of your prospective employer.

### Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations when you can change your beneficiary or benefit option after retirement. If there is a change in your marital status or domestic partner status, or your designated beneficiary dies, you may be entitled to elect a new benefit option and designate a new beneficiary. Electing a modification of option will reduce your current allowance. To determine if this situation applies to you, request and review the CalPERS *What You Need to Know About Changing Your Beneficiary or Monthly Benefit After Retirement* publication.

When considering a change to your retirement option, remember that continuation of health or dental insurance coverage for a new spouse or domestic partner depends on your election of an option that provides them with a monthly benefit and their enrollment as a dependent in your plan at the time of your death.

You may change your beneficiary for the Option 1 Balance (Option 1, 4-2W/1, or 4-3W/1), the Retired Death Benefit, or the Temporary Annuity Balance at any time by filing a *Post Retirement Lump Sum Beneficiary Designation* form with CalPERS.

A change in your marital status, domestic partnership status, or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits. For more information on this topic, request the CalPERS publication, *What You Need to Know About Changing Your Beneficiary or Monthly Benefit After Retirement*.

## Removing Your Monthly Beneficiary After Retirement

If you retired under Option 2W or Option 3W and named your spouse or registered domestic partner as your beneficiary and later get divorced, annulled, legally separated or your partnership is terminated, your former spouse or partner will still receive the monthly death benefit allowance after your death. However, if you were awarded 100 percent interest in your retirement account, you may ask us to **remove** your former spouse or partner as your beneficiary. Doing so will not change the amount of your retirement allowance.

To remove your former spouse or partner as the option beneficiary, you must send a letter to CalPERS Benefit Services Division, PO Box 942711, Sacramento, CA 94229-2711, and include a photocopy of the court order that awards you with full interest in your retirement account. Be sure to write your Social Security number in the upper right corner of your letter and court order.

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on all your benefits and programs.

### Reaching Us By Phone

Call us toll free at **888 CalPERS** (or **888-225-7377**).  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
TTY: For Speech & Hearing Impaired (916) 795-3240

### my|CalPERS

Stay informed and be in control of the information you want and need — with my|CalPERS!

my|CalPERS is the personalized and secure Web site that provides all your retirement, health, and financial information in one place. Take advantage of the convenience of 24/7 access to learn more about CalPERS programs and services that are right for you in your career stage. With my|CalPERS, you can:

- Get quick and easy access to all your account information.
- Manage and update your contact information and online account profile.
- Access information about your health plan and family members enrolled in your plan.
- See all the information you need to make health plan decisions.
- View, print, and save online statements.
- Go “green” by opting out of receiving future statements by mail.
- Use financial planning tools to calculate your retirement benefit estimate, estimate your service credit cost, and even request a staff-prepared retirement estimate.
- Check statuses of requests to purchase service credit or applications for disability retirement.
- Keep informed with CalPERS News so you don't miss a thing.

### CalPERS Education Center

my|CalPERS is your gateway to the CalPERS Education Center. Whether you're in the early stages of your career, starting to plan your retirement, or getting ready to retire, visit the CalPERS Education Center to:

- Take online classes that help you make important decisions about your CalPERS benefits and your future.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Browse our retirement fair schedule.
- Make a personal appointment with a retirement counselor.

Log in today at [my.calpers.ca.gov](http://my.calpers.ca.gov).

## Important Information for Regional Office Visits

Prior to your office visit, please ensure the following important steps are completed:

- Complete **all forms** in the application publication to the best of your ability.
- Review the estimate of retirement benefits and bring the estimate with you to this appointment.
- Have your employer complete Section 7 on the *Service Retirement Election Application*.
- Bring your picture identification.
- Your spouse or legal partner must also attend the appointment and bring his/her picture identification.
- If applicable, bring copies of your marriage or domestic partner certificate.
- Bring a copy of your beneficiary's birth certificate.
- Write down any questions you have in advance.

### What We Can Do

- Answer basic retirement-related questions.
- Receive and witness completed retirement applications.
- Accept CalPERS forms and supporting documents.
- Receive requests for retirement estimates to be mailed to your home.
- Register you for a **free** Member Education class or individual appointment.

### What We Cannot Do During Your Visit

- Conduct detailed research on your account.
- Resolve complex account issues or discrepancies.
- Provide immediate retirement estimate results.

## Visit Your Nearest CalPERS Regional Office

Visit the CalPERS Web site for directions to your local office.  
Monday to Friday, 8:00 a.m. to 5:00 p.m.

### **Fresno Regional Office**

10 River Park Place East, Suite 230  
Fresno, CA 93720

### **Glendale Regional Office**

Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

### **Orange Regional Office**

500 North State College Boulevard, Suite 750  
Orange, CA 92868

### **Sacramento Regional Office**

Lincoln Plaza East  
400 Q Street, Room E1820  
Sacramento, CA 95811

### **San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

### **San Diego Regional Office**

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

### **San Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110

### **Walnut Creek Regional Office**

1340 Treat Blvd., Suite 200  
Walnut Creek, CA 94597

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading the information in this publication, please be aware that we are governed by the California Public Employees' Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication.*



**California Public Employees' Retirement System**

400 Q Street  
P.O. Box 942701  
Sacramento, California 94229-2701

**888 CaIPERS** (or **888-225-7377**)

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