## APPENDIX
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These forms are included only as examples for your reference and are not currently available through the CalPERS Forms & Publications Center. Although these forms were current as of the publication date of this Guide, CalPERS forms are subject to revision.

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<th>Form Name</th>
<th>Form Number</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment Change Notification for the Employer</td>
<td>my</td>
<td>CalPERS 0850</td>
</tr>
<tr>
<td>Disclaimer of Benefits</td>
<td>my</td>
<td>CalPERS 0362</td>
</tr>
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<td>Employer Acknowledgement Letter</td>
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<td>Application for Retired Member/Payee Survivor Benefits</td>
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<td>Tax Withholding Election for Survivor Benefits</td>
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The information provided in this publication is for your convenience and reference as a general guide only and cannot be relied upon as an authoritative source for the law, practices, or policies of CalPERS. While CalPERS tries to include only accurate, timely and complete information in its publications, summaries, guidelines and other advisory printed materials, sometimes information provided in printed materials may be or become inaccurate, untimely, incomplete, unclear or misleading. In all instances, the law then in effect, not this publication, controls the application of the Public Employees' Retirement Law. It is the reader's responsibility to independently verify the accuracy of the information contained in this publication before engaging in a course of action.
<table>
<thead>
<tr>
<th>Category</th>
<th>OLD</th>
<th>NEW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(oldCategory)</td>
<td>(newCategory)</td>
</tr>
<tr>
<td>Employee Contribution Rate</td>
<td>(oldEmpRate)</td>
<td>(newEmpRate)</td>
</tr>
<tr>
<td>Subject To Social Security</td>
<td>(oldSSIndicator)</td>
<td>(newSSIndicator)</td>
</tr>
<tr>
<td>52 Survivor Election</td>
<td>(old52Indicator)</td>
<td>(new52Indicator)</td>
</tr>
</tbody>
</table>

If you have any questions, please visit our Web site (systemWebSite), or you may contact us toll free at 888 CalPERS (or 888-225-7377).

(divisionName)
Important: Please attach a copy of the claim showing the original designation of benefits.

DISCLAIMER OF BENEFITS

I, __________________ have been notified by, that I
(Please print)
am entitled to receive benefits in the event of the death of:

<table>
<thead>
<tr>
<th>Member's First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I forgo the benefit of __________________ plus any Cost of Living increases and other adjustments payable for life.

I, __________________, WITH FULL UNDERSTANDING OF THE NATURE AND AMOUNT OF THE BENEFIT TO WHICH I AM ENTITLED, HEREBY FOREVER DISCLAIM ALL RIGHTS AND INTEREST I HAVE TO THIS BENEFIT IN ITS ENTIRETY.

I understand, due to my disclaimer of the above-described benefit, that it will be paid as if I were never entitled.

I understand by disclaiming my benefit, I have no right to designate any individual to whom the benefit shall be paid.

I understand that recommends I contact an attorney for legal advice prior to signing this Disclaimer of Benefits, but does not require such consultation.

I understand this Disclaimer of Benefits is irrevocable and will not be set aside for any reason, and I hereby release from any claim I have to this benefit.

I assert I have signed this document in accordance with my own free will and I have not been coerced or forced to sign this document by anyone.

I further assert that I understood the contents and effect of this document before signing it and any questions I had concerning the effect or contents of this document were fully answered by personnel prior to my signing this document.
January 28, 2005

TO: (Agency name)

From: Benefit Services Division

Subject: (Member name)
(Member SSA#)

This is to advise you that an application for Service Retirement is being processed for the above member.

You will receive letter PERS-BAS-52, Notice of Placement on Retirement Roll, after the member is placed on the retirement roll. This letter will provide the employees' effective retirement date and the number of sick leave days that were included in the employee's retirement calculation.

Please provide your employee with information concerning continuation of health and dental benefits into retirement, if applicable.

Note: If the employee is eligible to continue his/her dental coverage, a new dental enrollment form must be submitted to:

CalPERS, Benefits Services Division
Attn: Warrant/Roll Support Unit #468
PO Box 942716
Sacramento, CA 94229-2716

For information regarding health and dental eligibility or enrollment processing procedures for annuitants, please refer to your Health Benefits Procedure Manual or contact Health Benefit Services Division toll free at (888) CalPERS (225-7377).

BSC-107-W

California Public Employees’ Retirement System
Lincoln Plaza- 400 P Street- Sacramento, CA 95814
Business Partner CalPERS ID:

1. Please describe special compensation listed below in detail.
2. Fax supporting MOU pages for special compensation items.
3. Identify periods covered for any lump sum payments.
4. Please fax formal salary schedule for pay rate(s).

<table>
<thead>
<tr>
<th>Service Period</th>
<th>Pay Rate Reported</th>
<th>Special Compensation Reported</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Please fax information within 48 hours time to the fax number above.
Tax Withholding Election for Survivor Benefits

Section 1

Priorated Payment Including Any Allowance Adjustments

Federal Tax Withholding Election

☐ I elect to have federal tax withheld based on: Single ☐ Married

□ Number of Exemptions □ Number of Dependents

□ I elect to have the following amount of federal tax withheld: $ ____________________

☐ I elect to have the following tax amount of federal tax withheld: $ ____________________

California State Tax Withholding Election

☐ I elect to have state tax withheld from my death benefit payment(s).

☐ I elect to have state tax withheld based on: Single ☐ Married

□ Number of Exemptions □ Number of Dependents

☐ In addition, I elect to have the following amount of state tax withheld: $ ______________

☐ I elect to have the following tax amount of state tax withheld: $ ______________

☐ I elect to have state tax withheld in the amount of 10 percent of the amount withheld for federal income tax withholding.

Section 2

Tax Election Declaration

By signing here, I hereby make the elections checked above.

Your Signature ____________________________

Social Security Number or Tax Identification Number ____________________________

Date (mm/dd/yyyy) ____________________________

Important: Failure to return this form will be considered an election to have taxes withheld.
California Public Employees' Retirement System

Tax Withholding Election for Survivor Benefits Including Benefits Eligible for Rollover

Name of the Designated Beneficiary: 
Social Security Number: 
CalPERS ID Number: 

You may be eligible for a lump sum and/or monthly benefit. Please complete all applicable sections of this form.

Important: Failure to return this form will be considered an election to have taxes withheld.

Section 1

Monthly (Periodic Payments) and/or Prorated Payment

Federal Tax Withholding Election

☐ I do not elect to have federal tax withheld from my death benefit payment(s).

☐ I elect to have federal tax withheld based on: Single ☐ Married ☐

Number of Exemptions: 
Number of Exemptions: 

In addition, I elect to have the following amount of federal tax withheld $.

California State Tax Withholding Election

☐ I do not elect to have state tax withheld from my death benefit payment(s). 

☐ I elect to have state tax withheld based on: Single ☐ Married ☐

Number of Exemptions: 
Number of Exemptions: 

In addition, I elect to have the following amount of state tax withheld $.

Section 2

Lump Sum (Non-Periodic Payments) Option One and Temporary Annuity Payments

Federal Tax Withholding Election

☐ I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.

☐ I elect to have the taxable portion of the lump sum benefit payment rolled into the following individual retirement account (IRA):

Name of Financial Institution:

Plan Name:

Account Number:

Address of Institution:

City: 
State: 
ZIP Code: 

California Tax Withholding Election

☐ I do not elect to have state tax withheld from my lump sum benefit payment.

☐ I elect to have state tax withheld from my lump sum benefit payment.

Important: Please consider your election carefully. Once payments have been issued, you cannot make a change. Your decision is final once payment has been made.
Dear [Name],

Your Service Retirement Allowance:
Your election to receive the Option 2 has been processed.

Your retroactive warrant will be issued on June 04, 2012, and will cover the period of December 02, 2011 through May 31, 2012.

Your monthly retirement benefit is $2,241.64 based on your retirement date of December 02, 2011. This amount does not include any deduction you have authorized this system to make. Your first regular warrant will arrive on or shortly after July 01, 2012 and will cover the period of 06/01/2012 through 06/30/2012. Your future retirement warrants will be mailed to arrive shortly after the first of the month following the month to which they apply.

Beneficiary/Survivor Allowance:
Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit which requires marriage and/or birth documentation and you have not submitted these documents, please send them immediately to Benefits Services Division. If the documents are not in file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

Income Tax Information:
The following information regarding your contributions will assist you in the determination of the taxability of your benefit.

<table>
<thead>
<tr>
<th>CONTRIBUTIONS</th>
<th>TOTAL CONTRIBUTIONS AND INTEREST</th>
<th>INTEREST</th>
<th>TAXED CONTRIBUTIONS</th>
<th>NON-TAXED CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Signature]

California Public Employees' Retirement System

[CalPERS Logo]

F.O. Box 94271b Sacramento, CA 94228 2716

888 CalPERS (or 888-225-7377) | Fax: (800)-859-4545

www.calpers.ca.gov
CalPERS ID:

Subject:

Participant CalPERS ID:

Notice of Placement or Retirement Roll:

This is to advise you that the employee named above has been placed on our 05/2012 Service Retirement roll with an effective date of May 01, 2012 and a separation date of April 30, 2012. 0.0 days of unused sick leave have been credited to the member's account. 0.0 days of unused education leave have been credited to the member's account. The employee's separation date is the date following the employee's last day in employment status. The date can be equal to but no later than the retirement date. Please notify us immediately if separation did not occur by the date.

For information regarding employment of a retired member, please see your "Procedure Manual for Reporting to the California Public Employees' Retirement System." If any of the information above is not correct, please contact us.

If you have any questions, please visit our Web site www.calpers.ca.gov, or you may contact us toll free at 888 CalPERS (or 888-225-7377).

Benefit Services Division

myCalPERS 0925
Dear,

This letter is to acknowledge receipt of your application for Service Retirement effective July 01, 2012.

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

You may be entitled to receive a disability retirement if you are unable to work because of an illness or injury. To request a service pending disability retirement, you must complete a Disability Retirement Election Application. Please note that your retirement date cannot be earlier than the day following your last day on pay status.

CalPERS will send you a letter providing the date of your first retirement check, the amount you can expect to receive, and important income tax information. This letter is usually sent after you have separated from employment but before you receive your first retirement benefit check. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request, cannot be made after you receive your first full retirement benefit check.

Retirement Type: 
Last Day on Payroll: 
Date of Birth: 

Federal Tax: 
State Tax: 

CalPERS ID:

P.O. Box 542715 Sacramento, CA 94293-2715
888 CalPERS (or 888-225-7377) | Fax: (800)-569-1545
www.calpers.ca.gov

California Public Employees’ Retirement System

Date