APPLICATION FOR SERVICE RETIREMENT

PERS-BAS-369S-F (4-96)

CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
Benefit Application Services Division
P.O. Box 942711 (400 P Street, Sacramento, CA 95814)
Sacramento, CA 94229-2711
(916) 326-3232 (8:00AM to 5:00PM Weekdays, Voice Mail 24 Hours A Day)
Telecommunications Device for the Deaf - (916) 326-3240
FAX (916) 326-3934

IMPORTANT: This application should be mailed directly to CalPERS 90 days in advance of your planned retirement date. Your retirement date cannot be earlier than the first of the month in which your application is received by CalPERS.

PLEASE PRINT OR TYPE

		1. Social Security Number - -
2. Name **(First Name, Middle Initial, Last Name)**	**3.** Birthdate / /	**4.** Retirement Effective Date / /
5. Mailing Address (Street, Avenue, Road, P.O. Box, etc.)	6. Telephone Number Home: ( ) - Work: ( ) -	
City	State	ZIP

7. Last Day on Pay Status / /	**8.** Employer	**9.** Position Title (Do Not Abbreviate)

10. TEMPORARY ANNUITY - I desire to have my monthly allowance further modified for life to provide for additional temporary annuity allowance.

☐ **Yes** ☐ **No** If "Yes", age desired (59 1/2 or whole age 60 to 68) _____ Amount $_____.00

Please calculate my options with the following beneficiary information: **(Note: This is not a beneficiary designation.)**

11. BENEFICIARY NAME	Birthdate / /	Sex ☐ M ☐ F	Relationship

The following information is necessary to ensure that your retirement allowance calculation correctly reflects any survivor benefits that may be payable upon your death. Payments will be made in accordance with the Public Employees' Retirement Law. Please answer all four questions and complete the required information for each section that is answered "yes".

12. Are you currently married? ☐ **Yes** ☐ **No**

Spouse's Full Name	Social Security Number - -	Birthdate / /	Date of Marriage / /

13. Do you have any natural or adopted unmarried children under 18? ☐ **Yes** ☐ **No**

Child's Full Name	Social Security Number - -	Birthdate / /
	- -	/ /
	- -	/ /

14. Do you have any unmarried children who were disabled prior to their 18th birthday and who have remained disabled until the present time? ☐ **Yes** ☐ **No**

Child's Full Name	Social Security Number - -	Birthdate / /

15. Are your parents dependent upon you for at least one-half of their support? ☐ **Yes** ☐ **No**

Parent's Full Name	Social Security Number - -	Birthdate / /
Parent's Full Name	Social Security Number - -	Birthdate / /

THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED WITH YOUR SIGNATURE TO BE VALID.

16. **OTHER RETIREMENT SYSTEMS:** Are you a member of another public funded retirement system based in California, other than Social Security, military or railroad retirement?

☐ **Yes** ☐ **No** If "Yes", please complete the section below.

Name of System:	Dates of Service Credited:	Date of Retirement
	/ / - / /	/ /

17. FINAL COMPENSATION TO BE USED:"Final Compensation" is the highest average compensation earnable by you during a one year or three consecutive year period of employment, whichever your agency has contracted for, immediately preceding the effective date of your retirement, or the date of your last separation from employment, if earlier, or during any other period specified by you on this application. Unless a different period is specified by you, your final compensation will be calculated based upon the one year or three consecutive year period immediately preceding your retirement or separation date.

OTHER PERIOD TO BE USED: FROM _____ **TO** _____

18. I hereby certify under penalty of perjury that this information submitted hereon is true and correct according to the best of my knowledge. I understand that to cancel this application I must submit written notice to the system prior to the mailing of my first retirement warrant. I further understand that the beneficiary named above is not an official designation of my beneficiary. This will be done on the Election of Optional Settlement and Beneficiary Designation form (PERS-BAS-898) which will be provided at a later date.

Member's Signature	**Date Signed**

INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the 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 Board's duties under the 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 functions regarding your status. Portions of this information may be transferred to state and public agency employers, California 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/microfilm for PERS. 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, PERS, 400 P Street, P.O. Box 942702, Sacramento, CA 94229-2702.