CalPERS

Retirement Allowance Estimate Request

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (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 — Information About You

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

Name (First Name, Middle Initial, Last Name): Fred Guido

Social Security Number: [redacted]

Birthdate (mm/dd/yyyy): 08-14-1948

Daytime Phone: [redacted]

Evening Phone: [redacted]

Address: [redacted]

City: [redacted]

State: CA

ZIP: 91765

Section 2 — Information About Your Retirement Estimate

Not all CalPERS members are eligible for Industrial Disability retirement. Contact your Personnel Office for eligibility information.

Type of estimate for your retirement allowance: ☒ Service ☐ Disability ☐ Industrial Disability

Employer: City of Cudahy

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: L.A County Employees Retirement Assoc

Estimate Final Compensation Amount: $11,775.00

Final Compensation Period

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

☒ No ☐ Yes, from _____ (Beginning Date (mm/dd/yyyy)), to _____ (Ending Date (mm/dd/yyyy))

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

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 _____ (62 to 70) in the amount of $_____ (Dollars) per month.

or

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

Section 3 — Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary: [redacted]

Relationship to You: [redacted]

Date of Birth (mm/dd/yyyy): [redacted]

Section 4 — Information About Your Survivor Continuance

Do you have an eligible survivor? ☒ No ☐ Yes

Section 5 — Your Option 4 Retirement Options

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 list at right.

☐ Option2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ % (Percentage)

☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

☐ Reduced Allowance _____ (Percentage of Dollar Amount) through _____ (Date (mm/dd/yyyy))

☐ Multiple Lifetime Beneficiary _____ (Birthdate (mm/dd/yyyy)) _____ (Birthdate (mm/dd/yyyy)) _____ (Birthdate (mm/dd/yyyy))

☐ Reduced Allowance Upon Death of Member or Beneficiary $ _____ (Reduction Amount)

FGUIDO 000020

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