CalPERS

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Service Retirement Election Application

(888) CalPERS (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

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

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

Information About You

Fred (NMI) Guido — Name (First Name Middle Initial Last Name)

[redacted] — Social Security Number

[redacted] — Address

[redacted] — City

[redacted] — State

[redacted] — ZIP

U.S.A — Country

08-14-48 — Birthdate (mm/dd/yyyy)

☒ Male ☐ Female — Gender

[redacted] — Home Phone

[redacted] — Work Phone

Section 2

Please do not abbreviate your employer or position

Information About Your Retirement

Please refer to the detailed instructions in this booklet

June 1, 2009 — Retirement Date (mm/dd/yyyy)

City of Cudahy — Employer

Councilmember — 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 _____ (62 to 70) 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 _____ (59½ or whole age 60 to 68) in the amount of $_____ Dollars per month

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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

Los Angeles County Employees Retirement Assoc — Name of System

June 1, 2009 — Date of Retirement (mm/dd/yyyy)

April 4, 1973 — Beginning Service Credit Date (mm/dd/yyyy)

May 31, 2009 — Ending Service Credit Date (mm/dd/yyyy)

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

Fred Guido
Your Name

[redacted]
Social Security Number

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

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

These options apply to Option 4 **Individual Lifetime Beneficiary** only

☐ **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**_____ (Percent or Dollars) through_____ (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

Fred Guido
Your Name

[redacted]
Social Security Number

Section 3a

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

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

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

Lucille C. Guido
Name (First Name Middle Initial Last Name)

[redacted]
Social Security Number

01-24-48
Birthdate (mm/dd/yyyy)

☐ Male ☒ Female
Gender

Wife
Relationship to You

[redacted]
Address

[redacted]
City

[redacted]
State

[redacted]
ZIP

U.S.A
Country

Section 3b

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

Option 4 Multiple Lifetime Beneficiaries

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

Name (First Name Middle Initial Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP

Country

Name (First Name Middle Initial Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP

Country

Name (First Name Middle Initial Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Dollar/Percent of Benefit

Address

City

State

ZIP

Country

Section 3c

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

Court Ordered Option 4 Community Property Beneficiary

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

Name (First Name Middle Initial Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Relationship to You

Address

City

State

ZIP

Country

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

Fred Guido
Your Name

[redacted]
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

Birthdate (mm/dd/yyyy) — ☐ Male ☐ Female Gender — Relationship to You

Address

City — State — ZIP — Country

Name (First Name Middle Initial Last Name) — Social Security Number

Birthdate (mm/dd/yyyy) — ☐ Male ☐ Female Gender — Relationship to You

Address

City — State — ZIP — Country

Name (First Name Middle Initial Last Name) — Social Security Number

Birthdate (mm/dd/yyyy) — ☐ Male ☐ Female Gender — 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

Lucille C. Guido
Name (First Name Middle Initial Last Name)

[redacted]
Social Security Number

01-24-48
Birthdate (mm/dd/yyyy)

☐ Male ☒ Female
Gender

Wife
Relationship to You

[redacted]
Address

[redacted]
City

[redacted]
State

[redacted]
ZIP

Country

Name (First Name Middle Initial Last Name) — Social Security Number

Birthdate (mm/dd/yyyy) — ☐ Male ☐ Female Gender — Relationship to You

Address

City — State — ZIP — Country

Section 4 continues on page 5

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

Fred Guido
Your Name

[redacted]
Social Security Number

Section 4, continued

All Applicants must complete this section

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

Retired Death Benefit, continued

Name (First Name Middle Initial Last Name)

Social Security Number

Birthdate (mm/dd/yyyy) ☐ Male ☐ Female Gender

Relationship to You

Address

City

State ZIP Country

Section 5

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

Survivor Continuance

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

Lucille C. Guido
Name of Spouse (First Name Middle Initial Last Name)

[redacted]
Social Security Number

01-24-48 Birthdate (mm/dd/yyyy) ☐ Male ☑ Female Gender

10-26-74 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

Birthdate (mm/dd/yyyy) ☐ Male ☐ Female Gender

Date of Registered Partnership (mm/dd/yyy)

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 Birthdate (mm/dd/yyyy)

Name of Child (First Name Middle Initial Last Name) Social Security Number Birthdate (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 Birthdate (mm/dd/yyyy)

Name of Child (First Name Middle Initial Last Name) Social Security Number Birthdate (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 Birthdate (mm/dd/yyyy)

Name of Parent (First Name Middle Initial Last Name) Social Security Number Birthdate (mm/dd/yyyy)

Section 6

Please enter the last day you received compensation

Last Day on Payroll

April 20, 1982 (City of Cudahy)
(mm/dd/yyyy)

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

Fred Guido
Your Name

[redacted]
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

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

Do not detach from application

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

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

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

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 $_____ Dollars per month
- ☒ Withhold federal income tax based on the tax tables for
  - ☒ A married individual with 1 Number tax withholding exemptions
  - ☐ A single individual with _____ Number tax withholding exemptions

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

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 $_____ Dollars per month
- ☒ Withhold State of California income tax based on the tax tables for
  - ☒ A married individual with 1 Number tax withholding exemptions
  - ☐ A single individual with _____ Number tax withholding exemptions

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

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

Fred Guido
Your Name

[redacted]
Social Security Number

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 that to cancel this application 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): 4-3-09

Your Spouse's or Domestic Partner's Signature — Date (mm/dd/yyyy): 4-3-09

State of California, County of Los Angeles

On April 3, 2009 (Date) before me, Steven Kim, Notary Public (Name of Notary/Witness)

personally appeared Fred Guido and Lucille C. Guido, 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

STEVEN KIM
COMM # 1715879
NOTARY PUBLIC CALIFORNIA
LOS ANGELES COUNTY
MY COMM EXP JAN 12, 2011

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature

Signature of Notary or CalPERS Representative — Position Title: Notary Public — Date (mm/dd/yyyy): April 3, 2009

Print Name: Steven Kim — CalPERS Office (if applicable)

Mail to: CalPERS Benefit Services Division • P O Box 942711, Sacramento, California 94229-2711