CalPERS Member Services Division, P.O. Box 942717, Sacramento, CA 94229-2717
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 231-7878 • (800) 352-2238

CalPERS Retirement Allowance Estimate Request

The purpose of this form is to request an estimate of potential future benefit amounts that will assist you with your financial planning. **This form is not an application for retirement.**

Part 1 - Member Information (please print)

Social Security Number _____ Name _____ Date of Birth ___/___/___

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Part 2 - Estimate Information

Projected Retirement Date ___/___/___ Employer _____

Type of Estimate for Retirement Allowance ☐ Service ☐ Disability ☐ Industrial Disability

Part 3 - Beneficiary Information

Relationship _____ Date of Birth ___/___/___

Part 4 - Survivor Continuance Information

A. Will you have been married at least one year prior to your tentative retirement date? ☐ Yes ☐ No

B. Do you have any unmarried children under age 18 or disabled prior to age 18? ☐ Yes ☐ No

C. Are either or both of your parents dependent on you for at least ½ of their support? ☐ Yes ☐ No

Part 5 - Retirement Options

CalPERS will provide you an estimate for the Standard Options 1, 2, 2W, 3, 3W, and the Unmodified Allowance. If none of these meet your needs, you may elect ONE of the approved Option 4 types listed below.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Multiple Lifetime Beneficiaries: (birthdates) _____ _____ _____

☐ Reduced Allowance for Fixed Period of Time: $ _____ .00 or _____%; Duration: _____

☐ Specific % to Beneficiary: _____%

☐ Specific $ Amount to Beneficiary: $ _____ .00

Part 6 - Temporary Annuity

To request a temporary annuity estimate, complete the information below:

Desired Age for Temporary Annuity to Stop (59½ or whole age 60 to 68): _____ Amount: $ _____ .00

Part 7 – Other California Public Retirement Systems

Are you a member of another public retirement system other than Social Security or military? ☐ Yes ☐ No

If Yes, Name of System: _____ Estimated Final Compensation Amount: $ _____ .00

Instructions for Completing Form

Part 1 through Part 3 must be completed to process your estimate request. If you have any questions please call the number listed on the front of this form.

Part 1 – Member Information

Name: Provide your first, 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 wish to receive your estimated retirement allowance.
Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Part 2 – Estimate Information

Employer: Provide the name of your current or last employer you were with under the California Employees' Retirement System.

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 10 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.

Part 3 – Beneficiary Information

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 will need their date of birth.
Relationship to You: A beneficiary might be a spouse, child, friend, etc.
Beneficiary Birth Date: Provide month, day, and complete year.

Part 4 – Survivor Continuance Information

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

Part 5 – Retirement Options

CalPERS will provide you an estimate for the standard options. If none of these meet your needs, you may elect ONE of the Option 4 allowances, as long as the amount to your beneficiary is not more than the benefit provided under Option 2W. For additional information see ***Retirement Option 4*** (PERS-PUB-18).

Part 6 – Temporary Annuity

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 – 59½ or any whole age from 60 to 68. You can also name the dollar amount you wish to receive (within certain limitations). 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 ***Temporary Annuity*** (PERS-PUB-13).

Part 7 – Other California Public Retirement Systems

Reciprocity is an agreement CalPERS has with many public retirement systems that allows movement from public employer to public employer within a specified time limit, without losing valuable retirement and related benefit rights. For additional information, please refer to When ***You Change Retirement Systems*** (PERS-PUB-16).

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

Birthdate (mm/dd/yyyy) _____ Daytime Phone ( ) _____ Evening Phone ( ) _____

Address _____

City _____ State _____ ZIP _____

Section 2 Retirement Information

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 _____ 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy)).

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.

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 _____ (59½ 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 _____ Relationship to You _____ Date of Birth (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

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.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ (Percentage) %

☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

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

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

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

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

PERS-MSD-470 (6/04)

Instructions for Completing the Retirement Allowance Estimate Request Form

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

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 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 booklet.

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 then the last 12 or 36 consecutive months before your estimated retirement date.

Temporary Annuity is an additional monthly income you may chose 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, age 62-70. You can also name the dollar amount you wish to receive (Certain limitations apply, please refer to the Temporary Annuity booklet). 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 booklet.

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 half 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(s) is not more than the benefit provided under Option 2W. For additional information please refer to the Retirement Option 4 booklet.

CalPERS

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 Information About You

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

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

Birthdate (mm/dd/yyyy) _____ Daytime Phone ( ) _____ Evening Phone ( ) _____

Address _____

City _____ State _____ ZIP _____

Section 2 Retirement Information

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 _____ 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy)).

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.

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 _____ (59½ 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 _____ Relationship to You _____ Date of Birth (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

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.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ (Percentage) % ☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

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

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

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

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

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

Your Name _____ Social Security Number _____

Section 1 Information About You

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

Social Security Number: Provide your Social Security Number.

Birthdate: 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, 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 Birthdate: 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.

Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY - For Speech & 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 About You

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

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 Code

Section 2 Retirement Information

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 | 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 | Estimated 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy)).

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.

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

For an additional temporary annuity allowance, do 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 _____ (59½ or whole age 60 to 68) in the amount of $ _____ Dollars per month.

Section 3 Individual Lifetime Beneficiary (Option 2, 2W, 3, and 3W)

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

Section 4 Survivor Continuance

Do you have an eligible survivor? ☐ No ☐ Yes

Section 5 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 can request ONE of the approved Option 4 types listed at right.

☐ Option 2W & Option 1 Combined

☐ Option 3W & Option 1 Combined

☐ Specific Percentage to Beneficiary _____ (Percent) %

☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

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

☐ Multiple Lifetime Beneficiaries _____ (Birth Date (mm/dd/yyyy)) _____ (Birth Da e (mm/dd/yyyy)) _____ (Birth Date (mm/dd/yyyy))

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

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

Instructions for Completing the Retirement Allowance Estimate Request Form

888 CalPERS (or 888-225-7377) • TTY - For Speech & Hearing Impaired (916) 795-3240

Section 1 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 your home or work number, in case we need to reach you.

Section 2 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 10 years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you want 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 see the ***When You Change Retirement Systems*** booklet.

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 want to specify a period of time other then the last 12 or 36 consecutive months before your estimated retirement date.

Temporary annuity is an additional monthly income you can chose 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 1/1/2002, you can choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 1/1/2002, you can choose age 62 to 70. You can also name the dollar amount you want to receive (certain limitations apply, please refer to the ***Temporary Annuity*** booklet). If your CalPERS membership date is on or after 1/1/2002, 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 benefit is reduced to pay for your temporary annuity.

Section 3 Individual Lifetime Beneficiary (Option 2, 2W, 3, and 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 birth date.

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

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

Section 4 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 registered domestic partner 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 half of their support.

Section 5 Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, and 3W). If none of these meet your needs, you can request ONE of the Option 4 allowances, as long as the amount to your beneficiary is not more than the benefit provided under Option 2W. For additional information please see the ***Retirement Option 4*** booklet.

CalPERS

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 Information About You

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

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

Birthdate (mm/dd/yyyy) _____ Daytime Phone ( ) _____ Evening Phone ( ) _____

Address _____

City _____ State _____ ZIP _____

Section 2 Retirement Information

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 _____ 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy)).

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.

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 _____ (59½ 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 _____ Relationship to You _____ Date of Birth (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

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.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ (Percentage) %

☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

☐ Reduced Allowance by _____ (Percentage or Dollar Amount) through _____ (Date (mm/yyyy))

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

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

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

PERS-MSD-470 (12/06)

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

Your Name _____ Social Security Number _____

Section 1 Information About You

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

Social Security Number: Provide your Social Security Number.

Birthdate: 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 Birthdate: 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.

CalPERS

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 Information About You

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

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

Birthdate (mm/dd/yyyy) _____ Daytime Phone ( ) _____ Evening Phone ( ) _____

Address _____

City _____ State _____ ZIP _____

Section 2 Retirement Information

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 _____ 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy))

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.

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 _____ (59½ 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 _____ Relationship to You _____ Date of Birth (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

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.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ (Percentage) % ☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

☐ Reduced Allowance by _____ (Percentage or Dollar Amount) through _____ (Date (mm/yyyy))

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

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

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

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

Your Name _____ Social Security Number _____

Section 1 Information About You

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

Social Security Number: Provide your Social Security Number.

Birthdate: 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.

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

Beneficiary Birthdate: 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.

Retirement Allowance Estimate Request

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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 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 Retirement Information

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 _____ 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 _____ (Beginning Date (mm/dd/yyyy)) to _____ (Ending Date (mm/dd/yyyy)).

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.

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

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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

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.

☐ Option 2W & Option 1 combined

☐ Option 3W & Option 1 combined

☐ Specific Percentage to Beneficiary _____ (Percentage) % ☐ Specific Dollar Amount to Beneficiary $ _____ (Amount)

☐ Reduced Allowance by _____ (Percentage or Dollar Amount) through _____ (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)

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

PERS-MSD-470 (8/08)

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.

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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.