



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.

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

08-14-1948 [REDACTED] [REDACTED]
Birthdate (mm/dd/yyyy) Daytime Phone Evening Phone

[REDACTED]
Address

[REDACTED] CA 91765
City State ZIP

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

City of Cudahy
Employer

Projected Retirement Date (mm/dd/yyyy)

Are you a member of another retirement system that has established reciprocity with CalPERS? No Yes

L.A. County Employees Retirement Assoc \$11,775.00
Name of system Estimate Final Compensation Amount

Final Compensation Period

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

No Yes, from _____, to _____
Beginning Date (mm/dd/yyyy) 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 _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

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

Section 3

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

[REDACTED] [REDACTED] [REDACTED]
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 list at right.

Option 2W & Option 1 combined Option 3W & Option 1 combined

Specific Percentage to Beneficiary _____ % Specific Dollar Amount to Beneficiary \$ _____
Percentage Amount

Reduced Allowance _____ through _____
Percentage of Dollar Amount 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