



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

Information About You

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

Fred (N.M.I) Guido [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED]
Address

[REDACTED] CA 91765 U.S.A.
City State ZIP Country

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

08-14-48 Male Female [REDACTED] [REDACTED]
Birthdate (mm/dd/yyyy) Gender Home Phone Work Phone

Section 2

Information About Your Retirement

Please do not abbreviate your employer or position.

Please refer to the detailed instructions in this booklet.

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

City of Cudahy Councilmember
Employer 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 _____ in the amount of \$ _____ Dollars.
(62 to 70)

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 _____ in the amount of \$ _____ Dollars per month.
(59½ or whole age 60 to 88)

Final Compensation Period

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

No Yes, from _____ to _____
Beginning date (mm/dd/yyyy) 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 April 4, 1973 May 31, 2009
Date of Retirement (mm/dd/yyyy) Beginning Service Credit Date (mm/dd/yyyy) Ending Service Credit Date (mm/dd/yyyy)



FGUIDO 000030

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

Fred Guido
Your Name

[REDACTED]
Social Security Number

Section 3a

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

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

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.

[REDACTED] [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED] Male Female [REDACTED]
Birthdate (mm/dd/yyyy) Gender Relationship to You

[REDACTED]
Address

[REDACTED] CA 91765 U.S.A.
City State ZIP Country

Section 3b

Option 4 Multiple Lifetime Beneficiaries

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

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

[REDACTED] [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED] Male Female [REDACTED]
Birthdate (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit

[REDACTED]
Address

[REDACTED] [REDACTED] [REDACTED]
City State ZIP Country

[REDACTED] [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED] Male Female [REDACTED]
Birthdate (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit

[REDACTED]
Address

[REDACTED] [REDACTED] [REDACTED]
City State ZIP Country

[REDACTED] [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED] Male Female [REDACTED]
Birthdate (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit

[REDACTED]
Address

[REDACTED] [REDACTED] [REDACTED]
City State ZIP Country

Section 3c

Court Ordered Option 4 Community Property Beneficiary

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

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

[REDACTED] [REDACTED]
Name (First Name, Middle Initial, Last Name) Social Security Number

[REDACTED] Male Female [REDACTED]
Birthdate (mm/dd/yyyy) Gender Relationship to You

[REDACTED]
Address

[REDACTED] [REDACTED] [REDACTED]
City State ZIP Country

FGUIDO 000026

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.

Do not detach from
application.

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

Employee's Separation Date (mm/dd/yyyy)

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

Balance of educational leave hours on employee's date of separation _____ ÷ 8 = _____
Hours 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 \$ _____ per month.
Dollars
- Withhold federal income tax based on the tax tables for:
 - A married individual with 1 tax withholding exemptions.
Number
 - A single individual with _____ tax withholding exemptions.
Number

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

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

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

- 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.

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.

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 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

Fred Guido
Your Signature

4-3-09
Date (mm/dd/yyyy)

Lucille C. Guido
Your Spouse's or Domestic Partner's Signature

4-3-09
Date (mm/dd/yyyy)

State of California, County of Los Angeles

On April 3, 2009 before me, Steven Kim, Notary Public
Date 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.



Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature.

Steven Kim
Signature of Notary or CalPERS Representative

Notary Public | April 3, 2009
Position Title | Date (mm/dd/yyyy)

Steven Kim
Print Name

CalPERS Office (if applicable)

FGUIDO 000028



Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934



Section 1

Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Fred (N.M.I.) Guido
 Name (First Name, Middle Initial, Last Name) Social Security Number
 [REDACTED]
 Address Daytime Phone
 [REDACTED] 91765
 City State ZIP

Section 2

Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking Savings Individual Joint (if so, Complete Section 3) Trust Account *

[REDACTED] [REDACTED]

FRED GUIDO 90-7728/3222 8899
 [REDACTED] 300012101118
 DATE

PAY TO THE ORDER OF \$
 DOLLARS



2528 E. Workman Ave
West Covina, CA
91793-0090

MEMO [REDACTED]

Section 3

Information About Joint Account Holder (if applicable)

[REDACTED] [REDACTED]
 Name Social Security Number or Date of Birth (mm/dd/yyyy)
 [REDACTED]
 Address
 [REDACTED] CA 91765
 City State ZIP

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account.

Direct Deposit statements are available online.

Fred Guido
 Signature of Payee Date (mm/dd/yyyy) 04/03/09

** Don't have a User ID and word? Register online at www.calpers.ca.gov.

I elect to view my statement online. ** or
 I elect to receive my statement by mail.

PAIN: (CalPERS Use Only)

Mail to

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

FGUIDO 000029