



Disability Retirement Election Application

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

2012/10/12 08:28:50 S6 726

Employer Information

Check if this is an employer originated application
Employer must fill out and sign Section 12 on the last page of this application

Application Type

Disability Retirement
 Service Pending Disability Retirement
 Industrial Disability Retirement
 Service Pending Industrial Disability Retirement

Section 1

Information About You

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

Name of Member (First Name Middle Initial Last Name) Richard Jay Lewis Social Security Number _____
 Address 16790 Lake Knoll Parkway
 City Riverside City State CA ZIP 92503 Country USA
 Birth Date (mm/dd/yyyy) 09/22/1951 Gender Male Female Home Phone (909) 633-1297 Work Phone _____

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

Section 2

Retirement Information

Please do not abbreviate your employer or position

Retirement Date (mm/dd/yyyy) 11/30/2012
 Employer San Bernardino City Position Title Fire Captain

Do not list Social Security military or railroad retirement as a California public retirement system

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)

Are you a member of a California public retirement system other than CalPERS? No Yes provide

Name of System _____
 Date of Retirement (mm/dd/yyyy) _____ Beginning Service Credit Date (mm/dd/yyyy) _____ Ending Service Credit Date (mm/dd/yyyy) _____

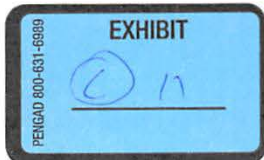
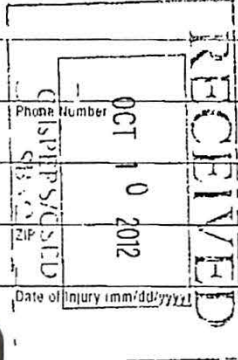
Section 3

Workers' Compensation Information

Local safety members should not complete Sections 3 & 4

Workers' Compensation Carrier _____
 Name of Adjuster _____
 Address _____
 City _____ State _____
 Claim Number(s) Relating to Alleged Disability _____
 Date of Injury (mm/dd/yyyy) _____

CALIFORNIA CALPERS
 2012 OCT 11 AM 10



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

Richard Jay Lewis
Your Name Social Security Number

Section 4

Disability Information

Please complete all the
questions below. If you
need additional space
attach separate sheets
and be sure to include your
name and Social Security
number on all sheets

What is your specific disability when and how did it occur?

What is the complete name and address of your treating physician(s)?

_____ Name of Treating Physician		_____ Medical Record Number
_____ Address		
_____ City	_____ State	_____ ZIP
_____ Phone Number		

What are your limitations/preclusions due to your injury or illness?

How has your injury or illness affected your ability to perform your job?

Are you currently working in any capacity (full time part time or modified work)? If yes please explain

Other information you would like to provide

Did a third party cause your injury? No Yes (if yes CalPERS has a potential right of subrogation)

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

Richard Jay Lewis
Your Name Social Security Number

Section 5

Select Your Retirement Payment Option and Beneficiary

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

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 5a-5d. If you choose the Unmodified Allowance Option you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

- Option 1** To complete this option choice you must also fill out Section 5d *Balance of Contributions Beneficiary(ies)*
- Option 2** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*
- Option 2W** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*
- Option 3** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*
- Option 3W** To complete this option choice you must also fill out Section 5a *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.

These options apply
to Option 4 Individual
Lifetime Beneficiary only

- Option 4, Individual Lifetime Beneficiary** If you select this option you must also select one of the following Individual Lifetime Beneficiary options below:
 - Option 2W & Option 1 Combined** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*
 - Option 3W & Option 1 Combined** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*
 - Specific Dollar Amount to Beneficiary** \$ _____ To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* Dollars
 - Specific Percentage to Beneficiary** _____ % To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* Percent
 - Reduced Allowance for Fixed Period of Time** _____ through _____
Percent or Dollars Date mm/yy/yy
 - Reduced Allowance upon death of retiree or beneficiary** \$ _____ reduction amount
Dollars

If you are naming a beneficiary under this option you must also fill out Section 5a *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 5b *Option 4 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 5c *Court Ordered C/P Beneficiary* and select one of the following Court Ordered Option 4 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 5d *Balance of Contributions Beneficiary(ies)*
 - Option 4/2W** To complete this option you must also fill out Section 5a *Individual Lifetime Beneficiary*
 - Option 4/3W** To complete this option you must also fill out Section 5a *Individual Lifetime Beneficiary*

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

Richard Jay Lewis
Your Name Social Security Number

Section 5a

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

Pagen Marie Lewis
Name (First Name Middle Initial Last Name) Social Security Number
11-13-1953 Male Female Wife
Birth Date (mm/dd/yyyy) Gender Relationship to You
Riverside CA 92503 USA
City State ZIP Country

Section 5b

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

Name (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit
Address
City State ZIP Country

Name (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit
Address
City State ZIP Country

Name (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit
Address
City State ZIP Country

Section 5c

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

Name (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender Relationship to You
Address
City State ZIP Country

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

Richard Jay Lewis
Your Name Social Security Number

Section 5d
Designate up to
three beneficiaries
here. If you want to
designate more than
three beneficiaries see
the information in this
publication on completing
the **Post Retirement
Lump Sum Beneficiary
Designation** form

Option 1 Balance of Contributions Beneficiary(ies)

Complete this section only if you selected Option 1 Option 4 2W/1 or 3W/1 combined. 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 publication for more information.

Name (First Name Middle Initial Last Name) Social Security Number
Birth Date (mm/dd/yyyy) Male Female Relationship to You
Address
City State ZIP Country

Name (First Name Middle Initial Last Name) Social Security Number
Birth Date (mm/dd/yyyy) Male Female Relationship to You
Address
City State ZIP Country

Name (First Name Middle Initial Last Name) Social Security Number
Birth Date (mm/dd/yyyy) Male Female Relationship to You
Address
City State ZIP Country

Section 6

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 publication for more information.

Pages Marie Lewis
Name (First Name Middle Initial Last Name) Social Security Number
10/27/1963 Male Female Wife
Birth Date (mm/dd/yyyy) Relationship to You
Address
Riverside CA 92503 USA
City State ZIP Country

Section 6 continues on page 6

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

Richard Jay Lewis
Your Name Social Security Number

Section 6, continued

Retired Death Benefit

All Applicants must
complete this section

Designate your beneficiary
to receive your lump sum
Retired Death Benefit

~~Kristin M. Snider
Name (First Name Middle Initial Last Name) Social Security Number
11/22/1977 Male Female RL
Birth Date (mm/dd/yyyy) Gender Relationship to You
3595 Linwood
Address
Riverside CA 92506 USA
City State ZIP Country~~

RL

Section 7

Survivor Continuance

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

Please refer to the detailed instructions in this publication for more information

1 Will you be married on or before your disability retirement date? No Yes provide

P S W
Name of Spouse (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender

2 Will you be registered with the California Secretary of State as being in a domestic partnership on or before your disability retirement date? No Yes provide

Name of Domestic Partner (First Name Middle Initial Last Name) Social Security Number
 Male Female
Birth Date (mm/dd/yyyy) Gender Date of Registered Partnership (mm/dd/yyyy)

3 Do you have any natural or adopted unmarried children under age 18? No Yes provide

K.
Name Social Security Number Birth Date (mm/dd/yyyy)
Name of Child (First Name Middle Initial Last Name) Social Security Number Birth Date (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 Birth Date (mm/dd/yyyy)
Name of Child (First Name Middle Initial Last Name) Social Security Number Birth Date (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 Birth Date (mm/dd/yyyy)
Name of Parent (First Name Middle Initial Last Name) Social Security Number Birth Date (mm/dd/yyyy)

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

Your Name Richard Jay Lewis Social Security Number _____

Section 11

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 publication 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

Member Signature and Notary

I certify under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge I understand to cancel this application or to change the elected option or beneficiary 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 publication

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

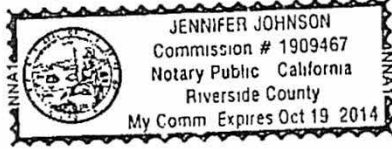
Widowed Or Termination of Domestic Partnership

Your Signature [Signature] Date (mm/dd/yyyy) 10/9/2012
 Your Spouse's or Domestic Partner's Signature [Signature] Date (mm/dd/yyyy) 10/9/2012

State of California County of Riverside

On 10-09-2012 before me Jennifer Johnson, Notary Public
 Date Name of Notary/Witness

Richard J Lewis personally appeared Pagen Lewis 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/~~he~~ 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
Jennifer Johnson Signature of Notary or CalPERS Representative
Jennifer Johnson Print Name
Notary Public 10-09-2012 Position Title Date (mm/dd/yyyy)
 _____ CalPERS Office, (if applicable)

Section 12

To be completed if the employer is submitting the application on behalf of the member

Employer-Originated Application

Signature of Employer _____
 Print Name of Employer _____
 Position Title of Employer _____ Phone Number _____ Date (mm/dd/yyyy) _____

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

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CERTIFICATE OF LIVE BIRTH			
STATE OF CALIFORNIA		COUNTY OF ORANGE	
DATE OF BIRTH		FILE NUMBER	
1 NAME OF CHILD—FIRST & MIDDLE	Marie Williams		
2 SEX	3 MARITAL STATUS	4 DATE OF BIRTH	5 HOUR
Female	Single	July 27, 1963	7 39 P.
6 PLACE OF BIRTH—NAME OF HOSPITAL	7 STREET ADDRESS		
Garden Park General Hospital	5922 Gilbert Street		
8 CITY OR TOWN	9 COUNTY		
Anaheim	Orange		
10 MOTHER'S NAME OF MOTHER	11 FATHER'S NAME	12 COLOR OR RACE OF MOTHER	13 COLOR OR RACE OF FATHER
Betty	Alice	Love	Cauc.
14 AGE OF MOTHER AT BIRTH	15 BIRTHPLACE	16 MAIN ADDRESS OF MOTHER	17 KIND OF INDUSTRY OR BUSINESS
27	Mississippi	Same	Courtesy Car Co.
18 USUAL RESIDENCE OF MOTHER	19 IF INSIDE CORPORATE LIMITS	20 OUTSIDE CITY CORPORATE LIMITS	21 STATE
13761 La Vaughlin	<input checked="" type="checkbox"/> CHECK HERE	<input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	California
22 CITY OR TOWN	23 COUNTY	24 STATE	
Garden Grove	Orange	California	
25 NAME OF FATHER	26 CHILD'S SEX	27 DATE SIGNED BY INFORMANT	28 DATE RECEIVED BY LOCAL REGISTRAR
Charles	Robert	7-30-63	AUG 10 1983
29 AGE OF FATHER	30 PHYSICIAN	31 ADDRESS	
30	Car Salesman	R. B. Eisen, M. D.	
31 I HAVE REVIEWED THIS BIRTH CERTIFICATE AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	32 I HEREBY CERTIFY THAT I AM A PHYSICIAN AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR DATE AND PLACE STATED ABOVE	33 LOCAL REGISTRAR'S SIGNATURE	34 DATE RECEIVED BY LOCAL REGISTRAR
		<i>[Signature]</i>	AUG 10 1983

I CERTIFY THAT IF THIS SEAL IS AFFIXED
 IN PURPLE INK THIS IS A TRUE AND
 CORRECT COPY OF THE PERMANENT RECORD
 FILED OR RECORDED IN THIS OFFICE.
 DATE **OCT 27 1989** FEE



COUNTY RECORDER
Lee A. Branch
 ORANGE COUNTY STATE OF CALIFORNIA

POOR QUALITY
 ORIGINAL

Application of Richard Jay Lewis 571-84-5780

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CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
 RIVERSIDE, CALIFORNIA

4200633003853

LICENSE AND CERTIFICATE OF MARRIAGE
 MUST BE LEGIBLE-MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1A NAME OF GROOM - FIRST (GIVEN)		1B MIDDLE	1C LAST (FAMILY)	2 DATE OF BIRTH - MONTH DAY YEAR
RICHARD		JAY	LEWIS	09/22/1951
3A RESIDENCE - STREET AND NUMBER		3B CITY	3C ZIP CODE	3D COUNTY - OUTSIDE CALIFORNIA, ENTER STATE
16790 LAKE KNOLL PKWAY		RIVERSIDE	92503	RIVERSIDE
4 STATE OF BIRTH		5 MAILING ADDRESS IF DIFFERENT		
CA				
6 NUMBER OF PREVIOUS MARRIAGES		7A LAST MARRIAGE ENDED BY		7B DATE - MONTH, DAY YEAR
03		<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		06/13/2004
8A USUAL OCCUPATION		8B USUAL KIND OF BUSINESS OR INDUSTRY		9 EDUCATION - YEARS COMPLETED
FIREFIGHTER		COUNTY GOVERNMENT		14
10A FULL NAME OF FATHER		10B STATE OF BIRTH	11A FULL MAIDEN NAME OF MOTHER	
RICHARD JAY LEWIS		WA	CAROL JOAN EASTMAN	
11B STATE OF BIRTH		12A NAME OF BRIDE - FIRST (GIVEN)		
CA		12B MIDDLE		
		MARIE		
12C CURRENT LAST (FAMILY)		12D MAIDEN LAST (FAMILY) IF DIFFERENT THAN 12C		13 DATE OF BIRTH - MONTH DAY YEAR
WILLIAMS				07/27/1963
14A RESIDENCE - STREET AND NUMBER		14B CITY	14C ZIP CODE	14D COUNTY - OUTSIDE CALIFORNIA, ENTER STATE
16790 LAKE KNOLL PKWAY		RIVERSIDE	92503	RIVERSIDE
15 STATE OF BIRTH		16 MAILING ADDRESS IF DIFFERENT		
CA				
17 NUMBER OF PREVIOUS MARRIAGES		18A LAST MARRIAGE ENDED BY		18B DATE - MONTH, DAY YEAR
01		<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		07--/2003
19A USUAL OCCUPATION		19B USUAL KIND OF BUSINESS OR INDUSTRY		20 EDUCATION - YEARS COMPLETED
SALES CLERK		RETAIL		13
21A FULL NAME OF FATHER		21B STATE OF BIRTH	22A FULL MAIDEN NAME OF MOTHER	
CHARLES ROBERT WILLIAMS		MO	BETTY ALICE LOVE	
21C STATE OF BIRTH		22B STATE OF BIRTH		
MO		MO		
WE THE UNDERSIGNED AN UNMARRIED MAN AND UNMARRIED WOMAN STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND WE DO APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.				
73 SIGNATURE OF GROOM				
74 SIGNATURE OF BRIDE				
AUTHORIZATION AND LICENSES HERETOBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLENNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS, REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE				
25A LICENSE DATE - MONTH DAY YEAR		25B LICENSE EXPIRES - MONTH DAY YEAR	25C LICENSE NUMBER	25D COUNTY OF ISSUE
05/01/2006		07/29/2006	R-40633001996	RIVERSIDE
26A SIGNATURE OF WITNESS		26B ADDRESS - STREET AND NUMBER	26C CITY STATE AND ZIP CODE	
[Signature]		16790 LAKE KNOLL PKWAY	RIVERSIDE CA 92513	
27A SIGNATURE OF WITNESS		27B ADDRESS - STREET AND NUMBER	27C CITY STATE AND ZIP CODE	
[Signature]				
28 I HEREBY CERTIFY THAT THE ABOVE MAN, BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA		29A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		29B RELIGIOUS OR CHURCH AFFILIATION
ON MAY 20 2006		[Signature]		Methodist
AT 16790 LAKE KNOLL PKWAY RIVERSIDE CALIFORNIA		29C NAME OF PERSON SOLEMNIZING MARRIAGE		29D OFFICIAL TITLE
		DAVID ROBERT CRADDOCK		KEYER
		29E MAILING ADDRESS		29F ZIP CODE
		5395 Leroy San Bern		92404
30A SIGNATURE OF LOCAL REGISTRAR		30B SIGNATURE OF DEPUTY (IF APPLICABLE)		31 DATE ACCEPTED FOR REGISTRATION
LARRY W WARD		[Signature]		JUN 28 2006

POOR QUALITY ORIGINAL

Application of Richard Jay Lewis 571 84-5780

