



Service Retirement Election Application

(888) CalPERS (225-7377) • TTY: (877) 249-7442

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

DESI ALVAREZ
Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

City State ZIP Country

Birth Date (mm/dd/yyyy) Gender Male Female Home Phone Alternate Phone

Section 2

Please enter the last day you received compensation from CalPERS-covered employment.

Please do not abbreviate your employer's name or position title.

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

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

Information About Your Retirement

Please refer to the detailed instructions in this publication.

05/04/2012 Last Day on Payroll (mm/dd/yyyy) 05/05/2012 Retirement Effective Date (mm/dd/yyyy)

Chino Basin Waterworks Employer Chief Executive Officer Position Title

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. (59% or whole age 60 to 66)

Other California Public Retirement Systems

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

East Bay Municipal Utility System
Name of System

Are you currently working with the other system? No Yes

05/04/2012 Retirement Date With Other System (mm/dd/yyyy) 05/05/2012

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

DESI ALVAREZ
Your Name

Social Security Number or CalPERS ID

Section 2, continued

Have your employer complete this section.

Do not detach from application.

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

Information About Your Retirement, continued

Employer Certification

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

05/04/2012
Employee's Last Day on Payroll (mm/dd/yyyy)

05/04/2012
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

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 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 publication 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.

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 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 \$ _____ - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* Dollars
 - Specific Percentage to Beneficiary _____ % - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* Percent
 - Reduced Allowance by \$ _____ OR _____ % through _____
Dollars Percent Date (mm/dd/yyyy)
If you are naming a beneficiary under this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
 - 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 3a, *Individual Lifetime Beneficiary*.

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

DESI ALVAREZ
Your Name

Social Security Number or CalPERS ID

Section 3, continued

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

These options apply to Option 4, Court Ordered Community Property only.

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Select Your Retirement Payment Option and Beneficiary, continued

- Option 4, Multiple Lifetime Beneficiaries - To complete this option choice, you must also fill out Section 3b Multiple Lifetime Beneficiaries.
- 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.

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.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You SPOUSE

Address _____

City _____ State CA ZIP _____ 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 or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____ Dollar/Percent of Benefit _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____ Dollar/Percent of Benefit _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 3 continues on page 4

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

DESI ALVAREZ
 Your Name

Social Security Number or CalPERS ID

Section 3b, continued

Option 4 Multiple Lifetime Beneficiaries, continued

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ 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 or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

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 publication on completing the Post Retirement Lump Sum Beneficiary Designation form.

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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 publication for more information.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female _____ Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

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

Don Alvarez
Your Name Social Security Number or CalPERS ID

Section 4

All Applicants must complete this section.

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

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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.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 5

Survivor Continuance

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

1. Will you be married on your retirement date? No Yes, provide:

Margaret M. Alvarez
Name of Spouse (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Date of Marriage _____

Address _____

City _____ State CA ZIP 90266 Country _____

Section 5 continues on page 6

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

DEB ALVAREZ _____
Your Name Social Security Number or CalPERS ID

Section 5, continued

Survivor Continuance, continued

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

Name of Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender Date of Registered Partnership (mm/dd/yyyy)

Address

City State ZIP Country

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 or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

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 or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Male Female Gender

Address

City State ZIP Country

Section 5 continues on page 7

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

Your Name DESI ALVAREZ Social Security Number 111 11

Section 5, continued

Survivor Continuance, continued

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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 or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female

Address _____

City _____ State _____ ZIP _____ Country _____

Name of Parent (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female

Address _____

City _____ State _____ ZIP _____ Country _____

Section 6

Tax Withholding Election

Please choose one only.

Federal Income Tax Information. Please refer to the detailed instructions in this publication 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 _____ 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 publication 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 _____ 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.

