

## **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 information About You DESI ALVAREZ Please provide your Name (First Name, Middle Ipitiel, Lest Name) Social Security Number or CalPERS ID name as it appears on your Social Security card. Please display all dates in this order: month/day/year. ate Diferr **Information About Your Retirement** Section 2 Please refer to the detailed instructions in this publication. Please enter the last day you received compensation from CalPERS-covered employment. Chino BASIN Watermark Please do not abbreviate Temporary Annuity - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of your employer's name Contributions and/or Temporary Annuity Balance beneficiary(les). or position title. To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. (2/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 \$\_\_\_ The Temporary Annuity benefit for which you are The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit eligible is based on your at the age designated in this election. CalPERS membership date. ,..... OF ...... If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age (59% or whole ege 60 to 66) in the amount of \$\_\_\_\_\_ per month. Do not list Social Security, Other California Public Retirement Systems Are you a member of a California public retirement system other than CalPERS? 

No 

Yes, provide: military or railroad retirement as a California East Bay Municipal Utility System public retirement system. Are you currently working with the other system? Who Yes 5/04/2012 CRO **DERS/FSD** BECEINED EE :DI MA E- YAH SIOS SIOS YAH

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Put your name and Social Security number or CatPERS ID at the top of every page	Your Name Social Security Number or CelPERS ID				
Section 2, continued	Information About Your Retirement, continued				
	•				
Have your employer complete this section.	Employer Certification  Please refer to the detailed instructions in this publication for more information.				
Do not detach from application.	Employee's Last Day on Payroll (cum/dd/yyyy)  Employee's Separation Date (mm/dd/yyyy)				
	Balance of unused sick leave hours on employee's date of separation + 8 =				
This certification is not required if you	Balance of educational leave hours on emotoyee's date of separation + 8 =				
are or were separated	By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and				
from CalPERS-covered	correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer				
employment for more than	Certification form.				
four months before your	· 1				
retirement date.	Signature of Employer Print Name (First Name, Middle Initial, Last Name)				
	Position Title of Employer Date (mm/dd/yyyy)				
	Coloria Varia Deliveranta Deli				
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 1 - To complete this option choice, you must also fill out Section 3d, Balance of Contributions Beneficiary.				
option: Option 1, Option 2, Option 2W, Option 3,	Option 2 - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.				
Option 3W, the Unmodified Allowance Option, or one of	Option 2W - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.				
the Option 4 types.	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.				
	Option 4, Individual Lifetime Beneficiary - If you select this option, you must also select one of the following individual Lifetime Beneficiary options below.				
These options apply to Option 4 Individual	Option 2W & Option 1 Combined - To complete this option choice, you must also fall out Section 3a Individual Lifetime Beneficiary and Section 3d Balance of Contributions Beneficiary.				
Lifetime Beneficiary only.	Option 3W & Option 1 Combined - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary and Section 3d Batance of Contributions Beneficiary.				
	Specific Dollar Amount to Beneficiary 5 - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary Octavs				
3D	Spacific Percentage to Beneficiary ————————————————————————————————————				
	Reduced Allowance by \$OR% through  Oottars OR% through  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: 5 reduction amount				
	If you are naming a beneficiary under this option, you must also fill out Section 3a, individual Lifetime Beneficiary.				
	Date 0 at 0				

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Put your name and Social Security number or EalPERS ID	Vour Name	ARFT		Castal Casualty	Mumber of Calabras In
at the top of every page					Number or CalPERS ID
Section 3, continued		nent Payment Option		•	
This option applies to Option 4 Multiple Lifetime Banefiplaries only.	Option 4, Multiple Life Multiple Lifetime Benefice	etime Beneficiaries - To con iaries.	nplete this option	choice, you mu	st also fill out Section 3b
These options apply to Option 4, Court Ordered		red Community Property - H iciary and select one of the follow			
Community Property only.	Option 4/Unmo	dified - There is no additional b	eneficiary design	ation for this op	tion.
36	☐ Option 4/1 - To	complete this option choice, you r	nust also fill out S	Section 3d, Balan	nce of Contributions Beneficiary.
	☐ Option 4/2W -	To complete this option, you must	t also fill out Sect	tion 3a, <i>individu</i>	al Lifetime Beneficiary.
	☐ Option 4/3W -	To complete this option, you mus	t also fill out Sect	tion 3a, <i>Individu</i>	al Lifetime Beneficiary.
Section 3a	Option 2, 2W, 3, 3W	or 4 Individual Lifetin	me Benefic	iary	
Designate one beneficiary and provide all of that person's Information	Complete this section only it 4/2W or 4/3W Court Ordered	l you chose either Option 2, 2W, I Community Property.	3, 3W or Option	4 Individual Life	time Beneficiary or Option
including full name.	Name (First Name, Middle Initia),	Last Hame)		Social Security Mu	imber or CalPERS ID
		Nate Defende	SPA		
	O.	Gender	Relationship to You	,	
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Section 3b	Option 4 Multiple L	ifetime Beneficiaries			
If you want	Complete this section only i	f you selected Option 4 Multiple	Lifetime Benef	iciaries.	
your beneficiaries to	ī			ı	
receive an equal share of your benefits, do	Name (First Hame, Middle Initial,	Last Name)		Social Security No.	imber or CalPERS 10
not specify a dollar or	L	☐ Mate	Relationship to Yo		Dollar/Percent of Benefit
percentage of benefit.	Birth Date (mm/dd/yyyy)	Gender	невидизир то то		DOMEST PETCENN OF DATES!
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	Name (First Hame, Middle Initial,	Lest Name)		Social Security M	ember or CalPERS ID
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Section 3 continues on page 4

Put your name and Social Alvarez Security number or CalPERS ID at the top of every page Social Security Number or CalPERS ID Option 4 Multiple Lifetime Beneficiaries, continued Section 3b, continued Hamp (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Male OF Sirth Date (mm/dd/yyyy) Relationship to You Dollar/Percent of Benefit Address Section 3c **Court Ordered Option 4 Community Property Beneficiary** List only the Complete this section only if you selected Option 4 Court Ordered Community Property. Option 4 beneficiary that is required by your Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID court order. Male | Fema Birth Date (mm/dd/yyyy) Relationship to You Address Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(les) Section 3d Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined or the Temporary Annuity Designate up to 3 allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a beneficiaries here. If you change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer want to designate more to the detailed instructions in this publication for more information. than 3 beneficiaries or name different beneficiaries for the Hame (First Name, Middle Initial, Last Hame) Social Security Number or CalPERS ID Option 1 balance and the ☐ Made ☐ Fernat Temporary Annuity balance. Birth Date (mm/dd/yyyy) see information in this publication on completing Address the Post Retirement Lump Sum Beneficiary Designation form. Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Made Fernal Birth Date (mm/dd/yyyy) Relationship to You Address City Country Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Made | Ferra Birth Date (mm/dd/yyyy) Relationship to You

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	Section 4	<b>Retired Death</b>	Benefit				
١.	All Applicants must					nefit. You may change this	
2	complete this section.	beneficiary(les) at an	ry time. This designation	n automatically revokes w	then there is a c	hange in your marital status	s,
	<b>©</b>	domestic partnership	p status, or when there	is a birth or adoption of a	child. Please re	fer to the detailed instruction	ins
	Designate your beneficiary	in this publication for	r more information.				
	to receive your Lump-Sum		• •	_		•	
	Retired Death Benzin.	Name (First Hamis Misch	e initial, Last Name)		Social Sec	urity Number or CalPERS ID	
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	Section 5	Survivor Cont	inuance				
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		<ol> <li>Will you be ma</li> </ol>	mied on your retireme	int date? □ No 🗹 Yes	s, provide:		
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Section 5 continues on page 6

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

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Your Name		Social Security Number on werrand or

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## Survivor Continuance, continued

Survivor Continuance, continued			
<ol> <li>Will you be registered with the California Secrets your retirement date?   ☑No ☐Yes, provide:</li> </ol>	ary of State as	s being in a do	mestic partnership on
		r	
ame of Domestic Partner (First Name, Middle Initial, Last Name)		Social Secur	ity Number or CalPERS ID
☐ Mate ☐ Female			
irth Date (mm/dd/yyyy) Gender	Date of Reg	stered Partnership	(mm/dd/yyyy)
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Do you have any natural or adopted unmarried o	children under	age 18? ਡਿੰ	No Yes, provide:
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Do you have any unmarried children who were of disabled? □PNo □Yes, provide:	disabled prior	to their 18th b	irthday and who are still
ame of Child (First Name, Middle Initial, Last Name)		Social Secu	rity Number or CalPERS ID
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Section 5 continues on page 7

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Sec	erity number or CalPERS ID at the top of Gery page	Your Hame		- 500ii.! :	:=:	•
	Section 5, continued	Survivor Continuance, continued				
1	03	5. Are your parents dependent upon you for one-	half of their supp	post? ZNo C	Yes, provide:	
	032012	L				
	2	Name of Parent (First Name, Middle Initial, Last Name)		Social Security	Number or CalPERS ID	
	S <sub>3</sub>					
	4	Address				
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	Section 6	Tax Withholding Election				
	Please choose one only.	Federal Income Tax Information. Please refer to the de	tailed instruction	s in this publicati	on for more informatio	n.
		Do not withhold federal income tax.				
		<ul> <li>□ Withhold federal income tax in the amount of \$ Dollars</li> <li>□ Withhold federal income tax based on the tax tables for:</li> </ul>				
		☐ A married individual with	rithholding exem	nptions.		
		A single Individual with Aumber tax withholding exemptions.				
		In addition to the amount withheld bas			Dollars per mo	nth.
	Please choose one only.	State Income Tax Information. Please refer to the deta	iled instructions i	in this publication	for more information.	
	State withholding	Do not withhold State of California income ta	x.			
	is optional for out-of-state residents.	☐ Withhold State of California income tax in the	amount of §	Dollars per m	onth.	
☐ Withhold State of California income tax based on the tax tables for:						
		A married individual with humber tax wi	ithholding exem	nptions.		
		A single individual withtax with	nholding exemp	tions.		
		In addition to the amount withheld based			per month	
		<ul> <li>Withhold State of California income tax in the withholding amount.</li> </ul>	e amount of 10	percent of the f	ederal income tax	

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

DESI Alvanez

Social Security Number or CatPERS ID

## Section 7

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 CaPERS 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 tump 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 CaIPERS 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 tump 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.

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More detailed information on this section is available in this publication.	
Are you legally married or do you have a legal domestic partner?   If yes, your spouse or domestic partner must sign this election.  If no, please indicate: News Married/or in Partnership Divorced.  Displaywed Or Termination of Cornestic Partnership Carried Spouse's or Cornestic Partnership Carried Signature  Tour Spouse's or California, County of Carried Signature	/Annulled
	that by his/her/their signature(s) on ) acted, executed the instrument.

**Notary Seal** 

Witness profesand and official seal or authorized CalPER	S representative signature.	5/02/2012
Standards of Minday or Gall PASS Representative USP CHING 2166 LSP	Position Vitie  Carpens Office (If applicable)	Cate (mm/66/11111)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711