

Disability Retirement Election Application

Employer must fill out and sign Section 12 on the last page of this application

165

888 CaiPERS (or 888-225 7377) TTY (877) 249 7442

☐ Check if this is an employer originated application

Employer Information

Application Type

	Ossability Retirement Service Pending Disability Retirement	industrial Disability Returned Service Pending Industri	rement nal Ossability Rebrement
Section 1	Information About You		
Please provide your name as it appears on the	Idams of Mender (First Rame Moods Initial Last Hame)		Social Security Humber on CalPERS ID
Social Security card	Address		
Ptease display all dates in	City	Siell Zi	Country.
this order month/day/year	Burtino Gambe	Home Prione	Atlanate Phane
Section 2	Information About Your Retirement		
	Please refer to the datasted instructions in this publicat	tion E	0.8
	Last Day on Payrol (monrad/yyy)	Relivement Effective Data (municial)	2/27/15 KS
	Employer PATTOL	Postor Title	CHECT
Please do not abbreviate	Other California Public Rebrement Systems		
your employer s name or position title	Are you a member of a California public retirement s	ystem other then CatPERS?	IND □Yes provide
Do not include Social	Hyme of System		
Security military or radioad retirement	Are you currently working with the other system?	No □Yes	
	Date of Retirement with Other System (mm/dd/pyys)		

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Put your name and Social my number or CaPERS ID at the top of every page	Tour Name Social Security Number of California ID
Section 3	Disability Information
Please complete all the quastions below II you need additional space attach separate sheets and be sure to melode your name and Social Security number or	What is your specific disability
CalPERS ID on all sheets Local Safety members should not complete Section 3	How did the disability occur? S. M. D. L. A. T. L. L. A. T. L. L. A. T. S. L. L. A. T. S. L. L. L. A. T. S. L. L. L. A. T. S. L.
	BLARED WOTON, BLACK- OUT SPENS, RESTRICTED SEAL WITHOUT CHEST PASSAGE How has your injury or diness effected your ability to perform your job? RETAIN THE BICATERN SECTOR IN PERSONNEL TO BELLY, RETAIN THE BICATERN SECTOR RESEARCH DEFECTS IN PERSONNEL 12/20/12. BLACK BUT SPEUS Are you currently working in any capacity? [I] No Was (PRIMARY CARE MYSECAR PUT OFF ONT) If yes what is your employment status? Pull time Part time Job Dubes SEE ATLACATED.
if you indicated a third party liability CalPERS will require adultional information	Cither information you would take to provide
Section 4:: Local Salaty members should not complete Section 4	Treating Physician Detail What is the complete name and address of your treating physician(s)? Ros SET Lori Harde (7-656 6-76776) Tour March Lori Harde (7-656 6-76776) Address Record Number Address Record Number
	City FRESHOO GOODSTOP COUNTRY Season day Specially Prope Ricinstell [SF9] 436-5265 Season day Specially Prope Ricinstell

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Security number or CalP	E16 (1)
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Secret Security Reminer or CalPERS ID

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 Alloweines 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 beseficiary designations in Sections 5a. Ed. If you choose the Unmodified Allowance Option you do not need to specify a beneficiary Please refer to the distailed sustructions in this publication for more information.

- ☐ Option 1 To complete this option you must also till out Section 5d Balance of Contributions Beneficiary(ear)
- Option 2 To complete this option you must also fill out Section 5e *Individual Lifetime Benedicary*Option 2W To complete this option you must also fill out Section 5a *Individual Lifetime Benedicary*
- Option 3 To complete this option you must also fill out Section 5a Individual Lifetime Beneficiary
- Option SW To complete this option you must also fill out Section Se. Individual Lifetimo Beneficiary
- Unmodified Allowance Option If you ease: this option have is no return of your member contributions and so monthly benefits payable upon your death except the Survivor Continuance benefit if applicable There is no benefit except designation for this option

These options apply to Option 4 Individual Lifetumo Esmalicuary 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 244 & Option 1 Combined To complete this option you must also fill out Section 5a Individual Lifetime Beneficiary and Section 5d Balance of Contributions Beneficiary(as)
 - ☐ Option 3W & Option 1 Combined —To complete this option you must also fill out Section 5a Individual Listane Beneficiary and Section 5d Entiropy of Contributions Beneficiary mass
 - Specific Dollar Amount to Beneficiary 9 To complete this opposition you must also fill and Section 5e Individual Advisor Beneficiary Dollars
 - - Reduced Allowance by S Oction Percent % through Case (cardet) (777)
 To complete this option you must also fell out Section So. Individual Lifetime Beneficiary
 - Reduced Allowance upon death of returns or beneficiary and reduction amount

To complete this option, you must also fill out Section Se. Individual Lifetime Beneficiary

This option applies to Option 4 Multiple Lifetime Beneficiaries only

- ☐ Option 4 Multiple Lifetime Beneficianes To remplete this option choice you must also till out Section Se Option 4 Multiple Lifetime Beneficiansi
- Option 4 Court Ordered Community Property If you select this option you must also complete Section 5c Crurt Ordered CP Benefit any and select one of the following Court Ordered Option 4 Community Property options

These options apply to Option 4 Goart Ordered Community Property only

- Option 4/Unmodified There is no additional beneficiary designation for this option
- C Option 4/1 To complete this option you must also till out Section 5d. Balance of Contributions Beneficiary(les)
- Option 4/291 To complete tiss option you must also fall aux Section Sa. Individual Lettime Beneficiary
- Option 4/3W To complete this opion you must also fill out Section 5a Individual Lifetime Beneficiary

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Put your name and Social Security number or CalPERS ID at the top of every page	Tour Hame	K seARBER	4		Security Number or Galpens 10
Section 52 -	Option 2, 2W, 3,	3W or 4 Individual L	fetime Bene	ficiary	
Designate one beneficiary and provide all of that		ily if you chose either Option 2 urt Ordered Community Prope	_	on 4 Individu	al Lifetime Beneficiary or
parson a information including full name					
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	Birth Date (ministrayees	Gendar (Fren de	Relabonship to	FEE	
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	City		State	ZIP	Gountry
Section 5b	Option 4 Multiple	e Lifetime Beneficia	ries		
if you want your	Complete this section or	ily if you selected Option 4 Mi	ulbple Lifetime Be	nstoranes	
beneficiaries to receive an equal share of your					
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dollar or percentage	Buth Dale (mm/sd/yyyy)		Partitionania (100	Dales Pricent of Benefit
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community property	Hama (First Hama Middle Inc			200-71 260	ursty Hambes or CalPERS ID
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allowance payable to your designated beneficiary	L				
according to law	Address				
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	City		Stete	21F	Country
Section 5c	Court Ordered O	ption 4 Community (Property Ben	eficiary	
List only the	Complete this section or	ily of you selected Option 4 Co	ourt Ordered Comm	nunity Prope	rly
Option 4 beneficiary that is required by your	L			1	
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Put your name and Social Security number or CalPERS ID at the top of every page

Your Name	Schr3-9	Secret Security Humber or CalPERS 10
		0-40

Section 5d

Designate up to three beneficiaries here II you want to designate mure than three beneficiaries see the information in this publication on completing the Post Retirement Lump Sum Beneficiary Designation form

If you are married or are in a registered domestic partnership your spouse or domestic partner may be entitled to the community property interest in the option allowance payabls to your designated beneficiary according to law

Ontrop 1	Balanca	of Contribut	tions Benefi	en a mula a a a
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Complete this section only if you selected Option 1 Option 4 2W/1 or 3W/1 combined You may change this beneficiary/jes) at any time. This designation automatically revokes when there is a change in your marital status domestic pertnership status or when there is a burth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

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Section 6

Retired Death Benefit

All Applicants must complete this section

Retired Death Benefit,

Designate your beneficiary to receive your lump sum

This section designates the person who will receive your lump sum Retired Death Benefit. You may change this beneficiary(les) at any time. This designation automatically revokes when there is a change in your maintal 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.

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S	Designate your beneficiary	Birth Date (mm/m/yyp)	Genoor	Astabonarap i	0 708	
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	Piease answer all five questions and complete the information in each section where you answered Yes	Please reles to the details 1 Will you be marmed than all Spoose (First Name & Birth Date (mm/dar)vyy) Activess City	nn your disability returem hosis Indust Lass Hames	Dobe of Market	Ves prov	Country
			d with the California Sec nent date? ØNo 🗆 Y		eng in a do	rnestic partnership on or before
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	FRESNO	3 Do you have any nat	ural or adopted unmarni	ed children under a	ge 187 [2]	No Yes provide
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Put your name and Social Security number or CalPERS ID at the top of every page

Section 7, continued

Survivor Continuance Harne of Ching (First Name Middle Initial 1,358 Harne) cal Security Rumber or CalPERS ID I□ Marie □ Ferrota Buth Date (meditidityry) 4 Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? No Yes provide Hame of Child (First Home Allegto Insual Last Itemer C Atote C Ferrale Buth Dale (mm-dd/1977) Hame of Child (First Stanie Middle Indial Link it Immes Social Security Number or California Mzts G female Buth Date immrod's 1771 5 Are your parents dependent upon you for one half of their support? KNo 🗆 Yes provide Name of Parent (First Hams Middle frittal Last Frame) ☐ Male ☐ Fernale Britt Date pounds/gyrt Hame of Parent (Arst Name: Mettile Initial La 1 Hame) Birth Oale (mm/dd/vyry) Artrisess

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Put your same and Social Security number or CalPERS ID at the top of every page	TOWN Name	Shomi Security Number or Celvers ID		
Section 1	Workers' Compensation Datail			
Local safety members	Do you have any worker a compensation claims? (2) Yes No			
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2	tody 54			
Sention 5	Tex Withholding Election	X.		
Piezze choose and only	Federal Income Tax information. Please refer to the detailed in	structions in this publication for more information		
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Please choose our only	State income Tex information: Please refer to the detailed insti	ructions in this publication for more information		
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Section 10	CalPERS Health Coverage			
FRESNO	f you are currently enrolled in your own night for CalPERS (enrollment into retirement with no break in coverage	nealth benefits you can continue your health		
FEB 2 7 2013	If you do not want health coverage you must cancel retires health coverage by declaring coverage below You may be eligible to estudi in health coverage during the next Open Enrollment period I declare confinuation of my CalPERS health coverage into retirement			
	,,	mont oben en omnen benoa		

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

SHELDON K SCARBIR

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Section 11

This section must be completed or your application will be returned

Your signature and your spouse a or domestic partner a signature must be notanzed by a notary public or wrinessed by a CalPERS representative if your spouse a or domestic partner a signature is not available see instructions in this publication on completing the Assistration for Absence of Signature form

Member Signature and Notary

I certify under the penalty of pegury 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 tump sum return of contributions benefit or a share of the morthly 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 tump sum Option 1 benefit or morthly 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 marned or do you have a legal domestic	nartner? dayes TiNo
If yes your spouse or domestic partner must sign the	
	sership C Divorced/Annuilled
<u> </u>	
OO . □ Widowed Or Termination	or Domestic Parmership
1 Hard & Van	1 2/27/2013
rout Signature)	
- Gail & Scarle	N 102-27-201
Your Sedung a de Domestic Patrate's Sedutiele	Date (mm/dd/yyy)
State of California County of French	
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On 2 - 27 - / 3 before me	Education of Hotel Wilness
	who proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is/are subscribed to	
ha/she/they executed the same in his/her/their authorize	
on the instrument the person(s) or the entity upon beha-	•
I certify under Penalty of Perjury under the laws of the	State of California that the foregoing paragraph is true
and correct	******
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Section 12	Employer-Originated Application	
To be completed if the employer is submitting the application on behalf	is employee working in any capacity? ☐ No ☐ Yes ☐ Full time	☐ Part time
of the member	Signature of Employer	
	Print Rame of Employer	1
	Position Title of Employer Phone Humber	Cole (min/dd/yyvy)

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Mail to:

CalPERS Benefit Services Division • PO Box 942711 Sacramento California 94229 2711