

FRESNO
AUG 26 2013
REGIONAL OFFICE
Service Retirement Election Application
888 CalPERS (or 888 225-7377) TTY (877) 249 7442
Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date
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CALPERS SACRAMENTO
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Section 1

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

Information About You

Name (First Name Middle Initial Last Name) SAEIDON K SLARBER Social Security Number or CalPERS ID [REDACTED]

Address [REDACTED]

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

City [REDACTED] State [REDACTED] Zip [REDACTED] Country [REDACTED]

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

Section 2

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

Information About Your Retirement

Please refer to the detailed instructions in this publication

Last Day on Payroll (mm/dd/yyyy) 10/30/2013 Retirement Effective Date (mm/dd/yyyy) 10/31/2013

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

Employer CA HIGHWAY PATROL Position Title ASST. CHIEF

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

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

If you first became a member on January 1 2002 or later you elect to receive Temporary Annuity until age 62 in the amount of \$ Dollars

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 65 or whole age 60 to 68 in the amount of \$ Dollars per month

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

Name of System [REDACTED]

Are you currently working with the other system? No Yes

Retirement Date With Other System (mm/dd/yyyy) [REDACTED]



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

SHELOOV K SCARBER
Your Name

[REDACTED]
Social Security Number or CalPERS ID

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 you must also fill out Section 3d *Balance of Contributions Beneficiary*
- Option 2** - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Option 2W** - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Option 3** - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Option 3W** - To complete this option 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 Lifetime Beneficiary only.

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- Option 2W & Option 1 Combined** - To complete this option 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 you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*
- Specific Dollar Amount to Beneficiary** \$ _____ Dollars - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Specific Percentage to Beneficiary** _____ % - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Reduced Allowance by** \$ _____ Dollars OR _____ % through _____ Date (mm/dd/yyyy) - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*
- Reduced Allowance upon death of retiree or beneficiary** \$ _____ Dollars reduction amount - To complete this option you must also fill out Section 3a *Individual Lifetime Beneficiary*

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

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

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SACLOAN KYLE SEARCE
Your Name Social Security Number or CalPERS ID

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

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

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

Address

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

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

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

Address

City State ZIP Country

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SHARON KYE SCARCE [Redacted]
Your Name Social Security Number or CalPERS ID

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

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

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

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

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.

[Redacted] Social Security Number or CalPERS ID
[Redacted] Male Female Relationship to You STEP DAUGHTER
Address
City State ZIP Country

[Redacted] Social Security Number or CalPERS ID
[Redacted] Male Female Relationship to You DAUGHTER
Address
City State ZIP Country

[Redacted] Social Security Number or CalPERS ID
[Redacted] Male Female Relationship to You DAUGHTER
Address
City State ZIP Country

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

SHELDON K SCARBER _____
Your Name Social Security Number or CalPERS ID

Section 4

Retired Death Benefit

All Applicants must complete this section

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.

Designate your beneficiary to receive your Lump Sum Retired Death Benefit

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 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

Name of Spouse (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 5 continues on page 6

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

SHELDON K. STABER
Your Name

[REDACTED]
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

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

SHELDON K SCARDER
Your Name
[REDACTED]
Social Security Number or CalPERS ID

Section 5, continued

Survivor Continuance, continued

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

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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 2 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 2 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

Section 7

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits you can continue your health enrollment into retirement with no break in coverage

If you do not want health coverage you must cancel retiree health coverage by declining coverage below You may be eligible to enroll in health coverage during the next Open Enrollment period

I decline continuation of my CalPERS health coverage into retirement.

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

SHELDON K. SCARBER
Your Name

[Redacted]
Social Security Number or CalPERS ID

Section 8

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 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.

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative if your spouse's or domestic partner's signature is not available, see instructions in this publication for completing the *Justification for Absence of Signature* form.

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

[Signature]
Your Signature

07/09/2013
Date (mm/dd/yyyy)

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

State of California County of _____

On _____ before me _____
Date Name of Notary/Witness

personally appeared _____ 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

[Signature]
Signature of Notary or CalPERS Representative

RPS II, 07/09/2013
Position Title Date (mm/dd/yyyy)

WENDY CABRERA
Print Name

Fresno Regional Office
CalPERS Office (if applicable)

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