Attachment F CalPERS Exhibit 4 Page 1 of 8

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C	REGIUSIPERS	Service Retirement Election Application Dec - 1 9 888 GalPERS (or 888 225-7377) TTY (877) 249 7442
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Section 5	Survivor Continuance	
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Section 5, continued	Survivor Continuance, continued	
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		PERS	850 369-6 (11/12)	Page 7 of 8				

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

SHELDON SCALBÉR

CalPERS before the mailing of my first full monthly retirement allowance check

More detailed information on this section is available in this publication

If yes your spouse or domestic partner must sign this election

Are you legally married or do you have a legal domestic partner? X Yes No

The Advantage of the second second

Member Signature and Notary

payable if they so desire

Social Security Number of CalPEBS ID

Section 8

This section must be completed or your application with be returned

Your signature and your spouse s or domestic partner s signature must be notarized by a notary public or witnessed by a CaIPERS 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 (orm

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OnOate	_ before me	Name of Natary/Witness
personally appeared		who proved to me on the basis of satisfactory evidence
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I certify under the penalty of penjury 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

I understand that if I am married or in a registered domestic partnership but do not name my spouse or partner

service during which we were marned or in a registered partnership. My non-spouse or non-partner designated

to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes

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

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 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 Penary under the laws of the State of California that the foregoing paragraph is true and correct

\bigcirc		Notary Seal
Winess Ry hand and official seal or authonzed CalPE	AS representative signature	_ / _ /
ART	RPSI	07/09/2013
Signifiture of Notery or CalPEIS Representative	Position Title	fiale (mm/dd/yyyy)
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Pint Hame	CalPERS Office (il opolicable)	0 =

Mail to:

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

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