



Certification of Trust and Request for Continued Payment of Monthly Allowance to a Trust

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

Complete this form only if you are the successor trustee(s) requesting that an annuitant's monthly benefit continue to be paid to the annuitant's trust where the annuitant (or the annuitant and the annuitant's spouse) is the sole primary beneficiary during his or her lifetime. Review the last page of this form for information and detailed instructions.

Section 1

Annuitant's Information

Information about the annuitant.

Annuitant's Name (First Name, Middle Initial, Last Name)	CalPERS ID
Address	() Daytime Phone
City	State Zip

Section 2

Payment Preference

Please select one box only.

I/We authorize CalPERS to send the annuitant's monthly allowance to the trust by:

- ☐ Direct Deposit (You must complete and submit a **Direct Deposit Authorization** form signed by the trustees.)
☐ Paper Check (Provide mailing information below.)

Address for Mailing of Check		
City	State	Zip

Section 3

Successor Trustee's Certification

I/We, _____ wish to notify
Name of Successor Trustee(s)

California Public Employees' Retirement System (CalPERS) that as of _____, I/we became
Date

the successor trustee(s) of the _____,
Name of Trust

dated _____.
Date of Trust

Co-Trustee(s) (if applicable)
Beneficiary(ies) of Trust During Annuitant's Lifetime
Trust's Taxpayer Identification Number

Section 3 continues on page 2

Section 3, continued

Successor Trustee's Certification, continued

I/We have attached the following required documents:

- Verification that I/we was/were legally and properly appointed as successor trustee(s).

As successor trustee(s) of the above-named trust, I/we declare the following:

- I/We understand that CalPERS must be notified immediately upon the death of the annuitant, and that monies paid to this trust after the date of death must be returned to CalPERS. As the trustee(s), I/we assume responsibility for repayment of any monies to which CalPERS is entitled.
- All currently acting trustees of the trust have been identified in this Certification of Trust and have signed this document.
- If there is more than one currently acting trustee, please select one of the checkboxes:
 - ☐ Each trustee has the individual authority to act on behalf of the trust;
 - ☐ All trustees must act unanimously on behalf of the trust; or
 - ☐ Other (Please explain) _____
- The trust is still in effect. It has not been revoked, modified or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.
- The annuitant or the annuitant and his or her spouse are the sole beneficiaries of the trust during the annuitant's lifetime.
- I/We certify under penalty of perjury that all the information on this form is true and correct.

Signature(s) and
date(s) required.

Successor Trustee's Signature

Date

Address

Phone

Co-Successor Trustee's Signature (if applicable)

Date

Address

Phone

Section 4

Notary Public Acknowledgment

Must be completed by
a notary public.

Separate notary
public
acknowledgment
required if successor
trustees are not
appearing before the
same notary public at
the same time.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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.

Signature of Notary

Date (mm/dd/yyyy)

Print Name

Mail to:

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

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Information and Instructions

Information

Pursuant to Government Code 21256, a trustee of the trust shall have the authority to make tax withholding elections and to change the address for annuitant payments and payment-related correspondence. Submission of a power of attorney that confers authority related to CalPERS or a conservatorship is required if changes other than the specified rights are requested by the successor trustee(s).

The successor trustee is responsible for reimbursing CalPERS for any monies CalPERS pays to the trust after the annuitant's death.

Section 1

Annuitant's Information

- The successor trustee must provide information regarding the annuitant who is the recipient of the benefit payment.

Section 2

Payment Preference

- Select a checkbox to indicate how CalPERS should send the annuitant's monthly allowance.
 - If you select direct deposit, you must complete and sign the **Direct Deposit Authorization** form.
 - If you select paper check, provide the address for mailing of the check.

Section 3

Successor Trustee's Certification

- Provide information regarding the trust.
- Attach written verification that you have been properly and legally appointed as successor trustee. For example, attach copies of pages from trust document showing successor trustee provisions and any additional documentation required by trust document (e.g. trustee resignation, proof of incapacity, etc.).
- All currently acting trustees must sign and date this form.
- All signatures must be notarized.

Section 4

Notary Public Acknowledgment

- Must be completed by a notary public.
- Separate notary public acknowledgment required if successor trustees are not appearing before the same notary public at the same time.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).