



Community Property Retirement Allowance Estimate Request

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

This is a request for an estimate of potential future retirement benefit amounts. To use this form, we must have an acceptable filed court order for a time rule division (Model Order B) on file and the request must be within three years of the anticipated retirement date. **You are limited to two estimate requests within a 12-month period.** Refer to page 2 of this form for instructions.

Section 1

Information About You

Select the button that applies to you:

Member - Complete sections 1, 3 and 4.

Nonmember Spouse - Complete sections 1 and 2.

Your estimate will be mailed to the address provided on this form. If you need to update your address, refer to page 2 of this form for instructions.

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)		Daytime Phone	
Address			
City		State	Zip

Section 2

Member Information

Member's Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Member's Anticipated Retirement Date: _____ Date Required (mm/dd/yyyy)			

Section 3

Nonmember Spouse Information

Former Spouse/Domestic Partner's Name (First Name, Middle Initial, Last Name)		Birth Date Required (mm/dd/yyyy)	
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Section 4

Retirement Information

Choose one retirement type:

Service Retirement Disability Retirement Industrial Disability Retirement

Projected retirement date: _____
Date Required (mm/dd/yyyy)

Employer		Position Title	
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To include unused sick leave and/or educational leave on the retirement estimate, complete the following information:

Sick Leave Hours Educational Leave Hours

What is a survivor vs. a beneficiary? Refer to page 2 of this form for details and a complete description of the available retirement payment options.

Is there an eligible survivor? Yes No

How many beneficiaries do you want to include in the estimate?

- None
- One or more and with a specific dollar or specific percentage amount to each beneficiary.

(Complete the information in the spaces provided below.)

Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit
Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit

If you are a member of another California public retirement system and want us to use your final compensation with the other system in your estimate, complete the information below.

Name of Reciprocal System	Estimated Final Compensation Amount
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Mail to:

CalPERS Retirement Benefit Services Division • Attn: Community Property Unit • P.O. Box 2056, Sacramento, California 95812-2056

Section 1

Information About You

- If you are an active CalPERS member, contact your personnel office and ask them to update your mailing address with us.
- If you are an inactive CalPERS member, update your address at my.calpers.ca.gov or call us toll free at 888 CalPERS (or 888-225-7377).
- If you are nonmember spouse, call us toll free at 888 CalPERS (or 888-225-7377).

Section 2

Member Information

Complete all fields.

Section 3

Nonmember Spouse Information

Complete all fields.

Section 4

Retirement Information

Projected Retirement Date - Your retirement date can be no earlier than your last day on payroll. If it has been more than nine months since you left employment, the date you enter cannot be earlier than the first day of the month you submit this form.

Unused Sick Leave/Educational Leave - We will only include this in your retirement estimate if your employer contracts to provide this benefit.

What is a survivor? - A survivor receives a monthly benefit regardless of the retirement payment you choose. We only include this in your retirement estimate if your employer contracts to provide this benefit. A survivor is defined by law as:

- a spouse or registered domestic partner who was married or registered to you for at least one year before your service retirement date and continuously until your death. (For disability or industrial disability retirement, these conditions must be met on or before the effective date of your disability or industrial disability retirement.)
- natural or adopted unmarried children under age 18.
- an unmarried child who was disabled prior to age 18 and whose disability continues without interruption until the disability ends or until marriage.
- qualifying financially dependent parents, if none of the above.

What is a beneficiary? - A beneficiary is any person you choose to receive either a one-time lump-sum payment or ongoing monthly benefit upon your death.

Retirement Options - When you retire, you will choose one of the following retirement options and name a beneficiary for your share of the benefit.

- **Court-Ordered Community Property Option 4 / Unmodified Allowance** - Provides an ongoing monthly benefit to your nonmember spouse equal to his or her community property interest. For your remaining share, provides you the highest monthly allowance paid for your lifetime. There is no return of unused member contributions upon your death.
- **Court-Ordered Community Property Option 4 / Return of Remaining Contributions Option 1** - Provides an ongoing monthly benefit to your nonmember spouse equal to his or her community property interest. For your remaining share, provides a lump-sum payout of any remaining member contributions in your account to one or more named beneficiaries.
- **Court-Ordered Community Property Option 4 / Specific Percentage or Specific Dollar Amount** - Provides an ongoing monthly benefit to your nonmember spouse equal to his or her community property interest. For your remaining share, provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

Reciprocity - Enter the name of the other California public retirement system you are a member of and your highest average annual compensation for any consecutive 12-or 36-month period of employment with the other retirement system.

- To be eligible for full reciprocal benefits, such as final compensation exchange, you must retire concurrently. Refer to the ***When You Change Retirement Systems*** (PUB 16) publication for detailed information.

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**).