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Judges' Retirement System

**DISTRIBUTION OF JUDGES' RETIREMENT SYSTEM (JRS)
 EXTENDED SERVICE INCENTIVE PROGRAM (ESIP)**

Section 1: Member Information

Note: Name must be the same as the name on your Social Security Card

Name (First Name, Middle Name, Last Name)		Social Security Number or CalPERS ID	
Street Address	City	State	Zip Code
Daytime Phone		Evening Phone	

Section 2: In-Hand Distribution and/or Rollover

Please select one of the three options: In-Hand Distribution, rollover, or combination thereof.

Important: For direct rollover financial institution information-do not submit a transfer form that was prepared by your financial institution in lieu of this completed form.

I elect to receive my entire ESIP account as an "in-hand" distribution.

Federal Tax Withholding

Federal income tax will be withheld at a mandatory rate of 20% of the taxable amount unless you elect to roll the amount into an IRA account.

State Tax Withholding

Yes- I elect to have 2% of the taxable portion withheld for state income tax.

No-I do not elect to withhold state income tax

Note: If you do not check one of the boxes above, State tax withholding will automatically be deducted.

I elect to receive a refund as a direct rollover of the taxable portion of my ESIP payment, made payable to the following financial institution(s). For each separate account, you must indicate the percentage you wish to go to that account. All accounts must add up to 100%. For additional accounts, please attach a separate sheet of paper.

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan	Percentage

Account or contract number

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan	Percentage

Account or contract number

Your direct rollover check will be issued in the name of your financial institution but must be mailed to your home address. You are required to present/deposit the check with your financial institution.

Name (First Name, Middle Name, Last Name)

Social Security Number or CalPERS ID

Section 2 continued: In-Hand Distribution and/or Rollover

Please select one of the three options: In-Hand Distribution, rollover, or combination thereof.

Important: For direct rollover financial institution information-do not submit a transfer form that was prepared by your financial institution in lieu of this completed form.

I elect to receive a combination in-hand distribution and rollover. The amount I want to receive in-hand (after-taxes) is \$_____

Federal Tax Withholding

Federal income tax will be withheld at a mandatory rate of 20% of the taxable amount unless you elect to roll the amount into an IRA account.

State Tax Withholding

Yes- I elect to have 2% of the taxable portion withheld for state income tax.

No-I do not elect to withhold state income tax

Note: If you do not check one of the boxes above, State tax withholding will automatically be deducted.

The rollover portion of my ESIP payment, should be made payable to the following financial institution(s). For each separate account, you must indicate the percentage you wish to go to that account. All accounts must add up to 100%. For additional accounts, please attach a separate sheet of paper.

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan

Percentage

Account or contract number

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan

Percentage

Account or contract number

Your direct rollover check will be issued in the name of your financial institution but must be mailed to your home address. You are required to present/deposit the check with your financial institution.

Name (First Name, Middle Name, Last Name)

Social Security Number or CalPERS ID

Section 3: Member and Spouse/Domestic Partner Signatures

Member's Signature

Date (mm/dd/yyyy)

If you are married or have a registered domestic partner, your spouse or registered domestic partner must also sign this form. Not legally married can mean never married, divorced, or widowed. You must also complete a **Justification for Non Signature of Spouse or Registered Domestic Partner** form (attached) if you are married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this form.

By signing this form, I acknowledge my spouse's/registered domestic partner's request for an ESIP program payment.

Spouse/Registered Domestic Partner's Signature

Date (mm/dd/yyyy)

If no spouse/registered domestic partner signature, check below if the following applies to you:

I am not legally married or do not have a registered domestic partner.

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, _____, personally appeared,
(Date-mm/dd/yyyy) (Name & Title of Officer or CalPERS Representative)

_____ 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.

WITNESS my hand and official seal.

Signature _____ (SEAL)

Justification for Non Signature of Spouse or Registered Domestic Partner

Pursuant to Government Code Section 21261, the member's current spouse/registered domestic partner must be made aware of the selection of benefits. The spouse/registered domestic partner of a member of our System must acknowledge the submission of a request for lump sum payment or rollover of an ESIP distribution.

I am not legally married or have a registered domestic partner because:

Never married or had a registered domestic partnership

Divorced/marriage/partnership terminated _____ / _____ / _____
Month Day Year

Widowed _____ / _____ / _____
Month Day Year

I am married/in a registered domestic partnership, but my spouse/registered domestic partner did not sign the form because:

I do not know and have taken all reasonable steps to determine the whereabouts of my spouse/registered domestic partner

My spouse/registered domestic partner has been advised of the application and has refused to sign the acknowledgement

My spouse/registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition

My spouse/registered domestic partner has no identifiable community property interest in the benefit.

My spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement which makes the community property law inapplicable to the marriage/partnership.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature of Member

Date (mm/dd/yyyy)

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**).