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Judges' Retirement System II

## Judges' Retirement System II Application/Defined Benefit

**Important:** Your application should be mailed directly to the Judges' Retirement System II no more than 120 days before your retirement date. Please forward your retirement application, together with a copy of your birth certificate and all other required documents.

### Section 1 – Judges' Retirement System II Member Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number or CalPERS ID \_\_\_\_\_  
 \_\_\_\_\_  Male  Female \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 City \_\_\_\_\_ Home Phone \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_ Work Phone \_\_\_\_\_

### Section 2 – Retirement Information

Current Court Type:  Supreme  Appellate  Superior  
 Retirement Date (Last Day on Payroll - mm/dd/yyyy) \_\_\_\_\_ County and/or District Name, or Appellate District & Division \_\_\_\_\_  
 Allowance Commencement Date (mm/dd/yyyy) \_\_\_\_\_  
**Other California Public Retirement Systems:**  Yes  No If yes, complete the section below.  
 Name of System \_\_\_\_\_ Date of Retirement (mm/dd/yyyy) \_\_\_\_\_  
**Date of Service Credited From:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **To:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year

### Section 3 – Survivor Continuance

Spouse/Registered Domestic Partner's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  Male  Female  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date of Marriage/Registered Partnership (mm/dd/yyyy) \_\_\_\_\_

<b>Section 4 – Select Your Retirement Payment Option</b>
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By filling out this section, you are electing your retirement payment option and designating your beneficiary. Your beneficiary may only be your spouse/registered domestic partner. Along with your option selection, you must complete at least one of the Sections 4a-4b, naming your spouse/registered domestic partner. If you choose the Unmodified Allowance Option, you do not need to specify your spouse/registered domestic partner. Select only one payment option.

<input type="checkbox"/> <b>Unmodified Allowance Option</b>	There is no beneficiary designation for this option and there is no return of contributions. Skip to Section 5.
<input type="checkbox"/> <b>Return of Remaining Contributions Option 1</b>	Complete your beneficiary designation in Section 4b
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2</b>	Complete your beneficiary designation in Section 4a and 4b
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3</b>	Complete your beneficiary designation in Section 4a and 4b
<input type="checkbox"/> <b>Flexible Beneficiary Option 4</b> <input type="checkbox"/> Flexible Beneficiary Option 4 Specific Dollar Amount to Beneficiary \$ _____ <input type="checkbox"/> Flexible Beneficiary Option 4 Specific Percentage to Beneficiary _____%	Choose one of the options below:  Complete your beneficiary designation in Section 4a  Complete your beneficiary designation in Section 4a

Name

Social Security Number or CalPERS ID

**Section 4a – Individual Lifetime Beneficiary – Ongoing Monthly Benefit**

If you chose one of the following options, your beneficiary may only be your spouse/registered domestic partner. Please also include your spouse/domestic partner’s birth certificate and a copy of your marriage certificate.

Upon your death, your designated beneficiary will receive the ongoing monthly benefit.

- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- Flexible Beneficiary Option 4

Name (First Name, Middle Initial, Last Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Male  Female

Gender

Relationship to You

Address

City

State

Zip

Country

**Section 4b – Return of Remaining Contributions**

If choosing Return of Remaining Contributions Option 1 as your option election, your beneficiary may only be your spouse/registered domestic partner. This designation automatically revokes when there is a change in your marital/domestic partnership status.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Male  Female

Gender

Relationship to You

Address

City

State

Zip

Country

If you are unmarried or if you chose the following options, your beneficiary for the return of remaining contributions portion may only be your estate.

- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3

Name \_\_\_\_\_

Social Security Number or CalPERS ID \_\_\_\_\_

**Section 5 – Member Signature and Notary**

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.

I hereby certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to change or cancel this application, I must notify the Judges' Retirement System II within 30 days of the issuance of my first retirement allowance check.

I am not married/in a registered domestic partnership

Member's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Spouse/Registered Domestic Partner's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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

The member's current spouse/registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse/registered domestic partner of a member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation for retirement death benefits.

If a spouse/registered domestic partner's signature does not appear on one of the above named documents, the following information **MUST** be completed by the member and submitted with the application for retirement.

Judges' Retirement System     Judges' Retirement System II     Legislators' Retirement System

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

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

Never married/or had a registered domestic partner

Divorced/marriage or domestic partnership annulled \_\_\_\_\_  
Date (mm/dd/yyyy)

Widowed \_\_\_\_\_  
Date (mm/dd/yyyy)

I am legally married or have a registered domestic partner, 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 acknowledgment,

My spouse/registered domestic partner is incapable of executing the acknowledgment because of an incapacity 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.**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Section 6 – Tax Withholding

**Caution:** There are penalties for not paying enough taxes during the year. Estimated Tax requirement and penalties are explained in publication 505. Send request for this publication to: IRS, PO Box 12626, Fresno, CA 93778 or talk with your tax advisor.

### Section 1: Member Payee Information

Payee Name (Last, First, Initial)		CalPERS ID/SSN (Required)
Payee Address		Payee Phone Number ( )
City	State	Zip Code

**Please Specify Which Account(s) You Would Like This Election Applied To:**

- Retirement                       Benefit Beneficiary/Survivor Monthly Benefit  
 Community Property Benefit     Other \_\_\_\_\_

### Section 2: Federal Tax Withholdings Election

**Complete the following applicable lines:**

1) Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶

2) Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ▶ \_\_\_\_\_  
(Enter number of allowances.)

**Marital status:**  Single     Married     Married, but withhold at higher Single rate.

3) Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . ▶ \$ \_\_\_\_\_

### Section 3: State Tax Withholdings Election

**Complete the following applicable lines:**

1) Check here if you do not want any State income tax withheld from your pension or annuity. (Do not complete line 2, 3, or 4) ▶

2) Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ▶ \_\_\_\_\_  
(Enter number of allowances.)

**Marital status:**  Single     Married

3) Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . ▶ \$ \_\_\_\_\_

4) I want this designated amount withheld from each pension or annuity payment. (Do not complete lines 1, 2 or 3) \$ \_\_\_\_\_

### Section 4: Payee Signature

Payee Signature:	Date:
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# Tax Withholding Election—Instructions

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**Read these instructions before completing this form. Print or type in dark ink. Initial all corrections.**

**PURPOSE:** Use this form to tell CalPERS the amount of federal and state income tax to withhold from your benefit payments.

Complete the *Tax Withholding Election form* (PERS-PRS-W-4P/DE-4P) and submit it to CalPERS as soon as possible. Because your tax situation may change from year to year, you may want to recalculate your withholdings each year and submit a new form.

**COMPLETING THIS FORM:** To calculate the proper amount of tax withholding, use IRS Form W-4P (which has a worksheet and instructions) at [irs.gov](http://irs.gov) for your federal withholding, and EDD Form DE 4P at [edd.ca.gov](http://edd.ca.gov) for your state withholding. If you do not want any federal or state tax withheld, skip the worksheets and go directly to the *Tax Withholding Election form* (PERS-PRS-W-4P/DE-4P).

California state income tax will not be automatically withheld from your benefit payment if you reside outside of California. If you do not live in California but think you may be liable for California state income tax, you may request CalPERS to withhold state income tax.

**CHOOSING NOT TO HAVE INCOME TAX WITHHELD:** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments that are not eligible for rollover.

**CAUTION:** There are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments. See IRS Publication 505, *Tax Withholding and Estimated Tax*, at [irs.gov](http://irs.gov). It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your benefit payment.

## **SECTION 1: MEMBER/PAYEE INFORMATION**

Enter your full name, CalPERS ID or Social Security Number, mailing address, and telephone number. For an estate, enter the estate's Employer Identification Number instead of the Social Security Number. List the payments you want your withholding preferences applied to. You may complete a separate form if you want to elect different withholding amounts for different types of payments. Refer to your benefits application or warrant for account information.

## **SECTION 2 & 3: Federal Tax Withholdings Election & State Tax Withholdings Election**

If you are receiving a lifetime monthly benefit, indicate your federal and state tax withholding preferences in this section. If you do not complete this section, CalPERS must withhold federal and state income tax from your monthly benefit payments as married claiming three withholding allowances.

To withhold federal income tax, you must designate the number of withholding allowances and indicate your marital status by checking the appropriate box. You cannot designate a specific dollar amount only to be withheld for federal tax. However, you may designate an *additional* dollar amount to be withheld. Use the IRS Form W-4P worksheet to calculate your federal tax withholding. If you do not want any federal income tax withheld, check the appropriate box.

If you want state income tax withheld, indicate the number of withholding allowances and your marital status by checking the appropriate box, and specify an additional flat dollar amount, if any. Use the EDD Form DE-4P at [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf) to calculate state tax withholding. You may designate a dollar amount to withhold instead of claiming withholding allowances. If you do not want any state income tax withheld, check the appropriate box. If you want ten percent of the amount of federal withholding computed pursuant to Section 3405 of the Internal Revenue Code, complete line 4 in section 3 by writing 10%.

## **SECTION 4: REQUIRED SIGNATURE**

Sign and date your form before submitting it to CalPERS. Your form will not be accepted without your signature and date.

# Tax Withholding Election—Instructions

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## IMPORTANT INFORMATION

### **PAYMENTS TO FOREIGN PERSONS AND PAYMENTS DELIVERED OUTSIDE THE U.S.**

For U.S. citizens and residents, federal tax withholding is required on monthly or lump-sum payments delivered to you outside the U.S. or its possessions. You cannot waive federal income tax withholding in this situation. See IRS Publication 505 at [irs.gov](http://irs.gov) for details.

For nonresident aliens, nonresident alien beneficiaries, and foreign estates, in the absence of a tax treaty exemption, monthly or lump-sum payments generally are subject to a 30 percent federal withholding tax on the taxable portion of payments from U.S. sources. See IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and IRS Publication 519, *U.S. Tax Guide for Aliens*, at [irs.gov](http://irs.gov).

If you are a foreign person, you should submit Form re, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to CalPERS before receiving any payments.

### **ANNUAL STATEMENT OF FEDERAL INCOME TAX WITHHELD**

By January 31 of next year (and each following year), CalPERS will furnish a statement to you on Form 1099-R showing the total amount of benefit payments and the total federal income tax withheld during the preceding year. If you are a foreign person who has provided CalPERS with Form W-8BEN, CalPERS instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of the following year.

## QUESTIONS

For information about federal tax withholding, contact the IRS at 800-829-1040 or visit [irs.gov](http://irs.gov). For information about state tax withholding, contact the California Franchise Tax Board at 888-792-4900 or visit [ftb.ca.gov](http://ftb.ca.gov).

Also read IRS Publication 575, *Pension and Annuity Income*, IRS Publication 919, *How Do I Adjust My Tax Withholding*, and FTB Publication 1005, *Pension and Annuity Guidelines*, or contact a qualified tax professional.

Find a tax withholding calculator at [irs.gov/individuals](http://irs.gov/individuals) to help determine your withholding allowances. Also see the allowance worksheets at [irs.gov/pub/irs-pdf/fw4p.pdf](http://irs.gov/pub/irs-pdf/fw4p.pdf) and [edd.ca.gov/pdf/pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf/pub_ctr/de4p.pdf).



# JUDGES' HEALTH AND DENTAL DECLARATION

## Section 7 – Member Information

Name \_\_\_\_\_ Social Security Number or CalPERS ID \_\_\_\_\_  
 Retirement Date (mm/dd/yyyy) \_\_\_\_\_ Commencement Date of Allowance (mm/dd/yyyy) \_\_\_\_\_

- I am currently enrolled in a State medical and/or dental plan and elect to continue or change my medical and/or dental plan as indicated below.
- I am not currently enrolled in a State medical and/or dental plan. I request to enroll in a State-sponsored medical and/or dental plan at retirement. I have indicated my medical and/or dental plan(s) and any eligible dependents below.
- I elect not to enroll or continue my medical and/or dental insurance into retirement. I understand that even though I was previously eligible for coverage as an active member, I have been informed that this election will not affect my future eligibility for State-sponsored coverage and that I may elect coverage within 60 days of retirement or during any future Open Enrollment period.

## Section 8 – Health Carrier Information

Name of Medical Plan \_\_\_\_\_ Total Enrollees on Plan: \_\_\_\_\_  
 Name of Dental Plan \_\_\_\_\_ Total Enrollees on Plan: \_\_\_\_\_

## Section 9 – Dependent Information

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_ Member's Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Daytime phone number

**CalPERS requires you to have a physical address on file for the administration of your health benefits. If your mailing address is different from your physical address, please provide your physical address below:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR JRS II USE ONLY</b>	Effective Date:
Analyst Initials:	
Health Plan/Carrier Code:	Dental Plan./Carrier Code:

# 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**).