



Mandatory Refund Election Form

With Required Minimum Distribution

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: 800-959-6545

Section 1

Provide your name as it appears on your Social Security card if you are a U.S. citizen.

If you were awarded a portion of your former spouse/domestic partner's CalPERS pension, and the community property court order provided you your own separate CalPERS account with service credit and contributions, you're called a "nonmember."

Member Information

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

City State Zip

Email Daytime Phone Number

Select this box if you are a **nonmember** refunding your community property account.

Section 2

If you are age 71 1/2 or older, this section must be completed.

You must make an election for Federal and State income tax withholding for the RMD portion of your refund.

The non-RMD portion of your distribution is subject to federal income tax on payments distributed directly to you. If you choose to have state income tax withheld, we will withhold 2% state income tax.

Your direct rollover check will be issued in the name of your financial institution, but we must mail it to your home address. You are required to deposit the check with your financial Institution.

Distribution Option for Required Minimum Distribution (RMD) – 71 1/2 years or older

Direct Payment to You: Complete the enclosed **Refund Direct Deposit Authorization** form.

Federal Tax Withholding

- Yes – I elect to have 10% of the taxable portion withheld for federal income tax.
- No – Do not withhold federal income tax.

State Tax Withholding

- Yes – I elect to have 2% of the taxable portion withheld for state income tax.
- No – Do not withhold state income tax.

Rollover to another eligible retirement plan or Individual Retirement Account (IRA). You can only rollover your non-RMD portion as pre-tax funds to an eligible plan.

Name of Institution IRA Other Eligible Retirement Plan % _____ Percent of Refund

Name of Institution IRA Other Eligible Retirement Plan % _____ Percent of Refund

Combination of a Direct Payment to You and a Rollover to another eligible retirement plan or IRA. I elect to receive a combination in-hand distribution and rollover. The amount I want to receive in-hand (after taxes) is \$ _____. Complete the enclosed **Refund Direct Deposit Authorization** form.

Federal Tax Withholding

- Yes – I elect to have 10% of the taxable portion withheld for federal income tax.
- No – Do not withhold federal income tax.

State Tax Withholding

- Yes – I elect to have 2% of the taxable portion withheld for state income tax.
- No – Do not withhold state income tax.

Name of Institution IRA Other Eligible Retirement Plan % _____ Percent of Refund

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

Your Name

Social Security Number or CalPERS ID

Section 3

Marital Status

Check the box if you are **not** married (i.e. – divorced, widowed, or never married).

I am not legally married, nor do I have a registered domestic partner.

If you **are** married or have a Registered Domestic Partner, your spouse or registered domestic partner must sign this form in the **presence of a notary** or authorized representative of CalPERS.

By signing this form, I acknowledge my spouse’s or registered domestic partner’s request for a refund.

Print Name

Spouse’s or Registered Domestic Partner’s Signature

Date (mm/dd/yyyy)

Sign this form in the presence of a notary or authorized representative of CalPERS and ensure your name is listed on the Name(s) of Principal(s) in Section 5.

If you are unable to locate your spouse or registered domestic partner, complete and include the **Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature** form, available on our website at www.calpers.ca.gov.

Section 4

Refund Election Waiver of Rights

Please read and sign the following waiver of rights statement in the **presence of a notary**.
We cannot process a refund without your notarized signature.

I hereby waive all potential future retirement, disability, and/or death benefits. I understand that by refunding my contributions, I am forfeiting all future benefits, including any appeal cases pending with CalPERS, and am terminating my CalPERS membership, unless I am a vested member under the State Second Tier.

By signing this form, I understand this decision is irrevocable. Once this application is processed, it cannot be cancelled.

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

As the member requesting a refund, you must sign this form in the presence of a notary or authorized representative of CalPERS.

Signature

Date (mm/dd/yyyy)

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

Your Name

Social Security Number or CalPERS ID

Section 5

Notary Public Acknowledgment

State of California, County of _____

This section is to be completed at the same time as Sections 3 and 4.

On _____ before _____ personally appeared
Date (mm/dd/yyyy) Printed Name of Notary Public or Witness

The Name(s) of Principal(s) must include the member's name and spouse/registered domestic partner's name (if applicable).

Name(s) of Principal(s)

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.

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.

Notary Seal

Witness my hand and official seal or authorized CalPERS representative's signature.

Signature of Notary or CalPERS Representative Position Title Date (mm/dd/yyyy)

Printed Name CalPERS Office (if applicable)

Mail to: CalPERS Member Account Management Division • P.O. Box 942704, Sacramento, California 94229-2704

Mandatory Refund Election Form Instructions

Section 1

Information About You

- Complete all fields
- Check the box in Section 1 if you are requesting to refund a nonmember account

Section 2

Distribution Option for Required Minimum Distribution (RMD) – 71 ½ years or older

- Select the distribution option – direct payment, rollover, or combination

Note: Federal and state law requires members to receive a RMD payable directly to you. You can only rollover the non-RMD portion as pre-tax fund to an eligible plan

Note: There is a federal mandate that requires CalPERS to withhold 20% federal income tax on all payments distributed directly to you. If you choose to have state income tax withheld, we will withhold 2% state income tax.

Note: If you are under age 71 ½, complete the **Refund Election Application** instead

Note: For direct payments or combination, complete the direct deposit authorization form. If you are authorizing your payment to your checking account, you must include a voided pre-printed personalized check. If you do not have a voided check, or want the funds deposited to a savings account, you must have the bank representative complete section 2 of the direct deposit form

Note: For rollovers, do not include account numbers or a direct deposit authorization form

Section 3

Marital Status

- If you are **not** married or in a registered domestic partnership, please check the appropriate box provided in Section 3
- If married, spouse /registered domestic partner must provide their signature and date the form **in the presence of notary**

Note: If spouse/registered domestic partner is unable to provide signature, submit the Justification for Absence of Spouse's or Registered Domestic Partner's Signature form

Section 4

Refund Election Waiver of Rights

- Provide your signature and date the form in the **presence of a notary**

Section 5

Notary Public Acknowledge

- The notary must complete the Notary Public Acknowledgment

Note: The Name(s) of Principal(s) line must include the member's name and spouse/registered domestic partner's name (if applicable)



REFUND DIRECT DEPOSIT AUTHORIZATION

Section 1

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

Information About You

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		CalPERS ID Number
Address		Daytime Phone
City	State	ZIP

Section 2

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, you must have your financial institution complete this section.

Information About Your Account

Checking Savings Individual Joint (If so Complete Section 3) Trust Account*

Routing Number (nine digits)	Account Number
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Please use tape to attach your voided, **pre-printed personalized check**. (Do not staple or paper clip. **No deposit slips.**)

* Trust Accounts

You will need to complete a CalPERS trust form, which can be obtained by contacting CalPERS

Name of Financial Institution	Branch Phone	
Address		
City	State	ZIP

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative Print Representative's Name Date (mm/dd/yyyy)

Section 3**Information About Joint Account Holder (If Applicable)**

_____ Name (First Name, Middle Initial, Last Name)		_____ CalPERS ID Number
_____ Address		_____ Daytime Phone
_____ City	_____ State	_____ ZIP

Section 4**Certification**

Signature required.

** To comply with NACHA regulations regarding International ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.**.

Signature of Payee_____
Date (mm/dd/yyyy)

Mail to:	CalPERS Member Account Management Division • P.O. Box 942704, Sacramento, California 94229-2704
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