



Application to Modify Option and/or Life Option Beneficiary

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

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

Section 1

Qualifying Events for Modification

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or the endorsed-filed court order with this application.

You can change your benefit option or life option beneficiary **only** if one of the following events occurs. Indicate the event that applies.

Death of current life option beneficiary (submit a copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name) Date of Death (mm/dd/yyyy)

Marriage (submit a copy of marriage certificate)

Name of Spouse (First Name, Middle Initial, Last Name) Date of Marriage (mm/dd/yyyy)

Establishment of domestic partnership (submit a copy of certificate of domestic partnership)

Name of Domestic Partner (First Name, Middle Initial, Last Name) Date Registered (mm/dd/yyyy)

Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (submit a copy of the endorsed-filed court order)

divorce annulment legal separation Date Effective (mm/dd/yyyy)

Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order)

Date Effective (mm/dd/yyyy)

Section 2

New Beneficiary Information

Complete new beneficiary information and submit a copy of their birth certificate.

If you were required by court order at the time of retirement to designate your former spouse or former legally recognized domestic partner as a Community Property Option 4 beneficiary, complete Section 4 only. Do not complete Sections 2 and 3.

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

Birth Date (mm/dd/yyyy) Gender Male Female Relationship to You

Address

City State ZIP Country

This form continues on page 2.

Name of Participant Social Security Number or CalPERS ID

Section 3

Option 4 Types

We will provide Options 1, 2, 2W, 3, and 3W. If these do not meet your needs, you can request one of the approved Option 4 types shown.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of the benefit.

You must first review CalPERS publication Retirement Option 4.

Option 2W & Option 1 Combined Option 3W & Option 1 Combined Specific Percentage to Beneficiary Specific Dollar Amount to Beneficiary Reduced Allowance for Fixed Period of Time Reduce my Allowance by Dollar Amount or Percentage through the end of Date

Multiple Lifetime Beneficiaries

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit Address City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit Address City State ZIP Country

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID Birth Date (mm/dd/yyyy) Gender Relationship to You Dollar/Percent of Benefit Address City State ZIP Country

Reduced Allowance Upon Death of Retiree or Beneficiary Reduction Amount

Name of Participant | Social Security Number or CalPERS ID

Section 4

Option 4: Court-Ordered Community Property

These options apply to Option 4, Court-Ordered Community Property only.

- Option 4/1 - To complete this option choice, you must also fill out the new beneficiary information below.
Option 4/2W - To complete this option choice, you must also fill out the new beneficiary information below.
Option 4/3W - To complete this option choice, you must also fill out the new beneficiary information below.

Complete new beneficiary information and submit a copy of their birth certificate.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You
Address
City | State | ZIP | Country

Section 5

Survivor Continuance

If your spouse or domestic partner is your eligible survivor, you must submit a copy of your marriage certificate or certificate of domestic partnership.

I currently have an eligible survivor who may be entitled to the Survivor Continuance benefit.

Name of Survivor (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Relationship to You | Date of Marriage or Domestic Partnership (mm/dd/yyyy)

Section 6

Certification of Participant

I understand that this form is a request for an election form to modify my option and name a new beneficiary(ies). I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS. I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Participant | Date (mm/dd/yyyy)
() | ()
Home Phone Number | Alternate Phone Number

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**).