



California Uniform Transfers to Minors Act – Nomination of Custodian for Minor

I, a member of the California Public Employees' Retirement System (CalPERS), hereby nominate the person named below as custodian for my minor child. I understand the person I nominate as custodian under the Uniform Transfers to Minors Act, may collect the benefits my child will be entitled to receive as my eligible survivor and/or designated beneficiary upon my death. I understand the custodian may collect the benefits for my child until they attain age 18 or until the age indicated below. It is my desire that the person I nominate as my child's custodian collect benefits for them until they attain age:

Select an age: 18 19 20 21 22 23 24 25

My Name **CalPERS ID**

Child's Name

Custodian's Name

Custodian's Mailing Address:

Address

City **State** **ZIP Code**

Phone Number

I understand I may nominate a substitute custodian to collect benefits for my child if the person I nominated as the original custodian fails to serve. In the event the person I have nominated above as custodian for my child is not able to serve as custodian, I hereby nominate the person named below as substitute custodian.

Substitute Custodian

Address

City **State** **ZIP Code**

Phone Number

I understand CalPERS will honor my nomination of a custodian of benefits that may be payable to my child upon my death.

Member's Signature **Date** **Witness' Signature** **Date**

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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 either on a mandatory or 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 CalPERS. For questions about this notice, our Privacy Policy, or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).