



Nonmember Service Retirement Election Application

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

Please do not mail or deliver your application to CalPERS more than 120 days before your retirement date. For detailed instructions on how to complete this form, please refer to the publication *Nonmember Service Retirement Election Application* (PUB 44).

Section 1

Please provide your name as it appears on your Social Security card.

Information About You

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Address			
City	State	ZIP	Country
Birth Date (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Phone () ()	Alternate Phone () ()
Email Address			

Section 2

Information About Your Retirement

Your Retirement Date (mm/dd/yyyy)

CalPERS Member Information

Complete all fields. We need this information to ensure your benefit is calculated correctly.

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

The effective date is required. This is not the date of separation that was used to divide the CalPERS benefits.

Check the box that applies to you and enter the effective date.

- Dissolution of Marriage _____
Effective Date (mm/dd/yyyy)
- Legal Separation _____
Effective Date (mm/dd/yyyy)
- Termination of Domestic Partnership _____
Effective Date (mm/dd/yyyy)

Please submit a copy of your Notice of Judgment of Dissolution, Legal Separation, or Termination of Domestic Partnership with your application.

Your Name

Social Security Number or CalPERS ID

Section 3

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

Your retirement payment option choice becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

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

Section 4a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

The beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

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

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

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

Address

City State ZIP Country

Your Name | Social Security Number or CalPERS ID

Section 4b

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose the following option, name one or more beneficiaries to receive a specific percentage or dollar amount of your Unmodified Allowance upon your death.

- Flexible Beneficiary Option 4

Complete all fields for each beneficiary and specify the percentage or dollar amount. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

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

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

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

Your Name | Social Security Number or CalPERS ID

Section 4c

Complete Your Beneficiary Information – Return of Remaining Contributions

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You can change this beneficiary designation at any time.

- Return of Remaining Contributions Option 1
• 100 Percent Beneficiary Option 2
• 50 Percent Beneficiary Option 3

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

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

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

Your Name | Social Security Number or CalPERS ID

Section 5

Prorated Allowance Beneficiary Designation

All applicants must complete this section.

This section designates the person or persons you wish to receive an equal share of your lump-sum pro rata benefit.

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

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

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

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

Section 6

Tax Withholding Election

Please choose only one.

Federal Income Tax information:

- Do not withhold federal income tax.
- Withhold federal income tax based on the tax tables for:
 - A married individual with _____ tax withholding allowances.
Number
 - A single individual with _____ tax withholding allowances.
NumberIn addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars
- A married individual, but withhold at the higher single rate with _____ tax withholding allowances.
Number

Please choose only one.

State Income Tax information:

State withholding is optional for out-of-state residents.

- Do not withhold State of California income tax.
- Withhold State of California income tax in the amount of \$ _____ per month.
Dollars
- Withhold State of California income tax based on the tax tables for:
 - A married individual with _____ tax withholding allowances.
Number
 - A single individual with _____ tax withholding allowances.
Number
 - A head of household individual with _____ tax withholding allowances.
NumberIn addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars
- Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 7

Direct Deposit Information

Do not complete this section if you want to receive your retirement checks by U.S. mail.

*To comply with NACHA regulations regarding international ACH transactions, 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 receive this payment. I authorize my retirement payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. 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.*

Checking **Savings** **Joint** **Trust Account****

Routing Number (nine digits) | Account Number

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, please have your financial institution complete the information below.

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

Name of Financial Institution | Branch Phone Number

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)

**** Trust Account**

You also need to complete and submit a *Request for Payment of Monthly Allowance to a Trust* form available at www.calpers.ca.gov and a copy of the Certification of Trust from your trust document.

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at my.calpers.ca.gov.

Information About Joint Account Holder, if applicable

Name | Social Security Number or CalPERS ID

Address | Daytime Phone

City | State | ZIP

Your Name | Social Security Number or CalPERS ID

Section 8

Nonmember Signature and Notary

This section must be completed or your application will be returned.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application or to change my elected retirement payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.

Your Signature | Date (mm/dd/yyyy)

Your signature must be notarized by a notary public or witnessed by a CalPERS representative.

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 _____, 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.

Notary Seal

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

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

Print Name | CalPERS Office (if applicable)