



# 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 *Nonmember Service Retirement Election Application* publication (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) |  Male  Female | \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Gender | Daytime Phone | Alternate Phone

\_\_\_\_\_  
Email Address

## Section 2

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

### 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 | \_\_\_\_\_  
Date of Your Marriage or Domestic Partnership (mm/dd/yyyy)

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)

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 or a change in marital status.

<input type="checkbox"/> <b>Unmodified Allowance</b>	There is no beneficiary designation with this option. Skip to Section 5.
<input type="checkbox"/> <b>Return of Remaining Contributions Option 1</b>	Complete your beneficiary designation in Section 4c.
<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 4c.
<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 4c.
<input type="checkbox"/> <b>Flexible Beneficiary Option 4</b>	Choose one of the options below.
<input type="checkbox"/> <b>Specific Percentage</b>	Complete your beneficiary designation in Section 4b.
<input type="checkbox"/> <b>Specific Dollar Amount</b>	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 or a change in marital status.

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

\_\_\_\_\_  
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 or a change in marital status.

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 (Male/Female) | 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 (Male/Female) | 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 (Male/Female) | 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 (Male/Female) | 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

Pro-rated 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.

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

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

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

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

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

**Section 6**

**Tax Withholding Election**

Please choose one only.

**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 one only.

**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.

Your Name | Social Security Number or CalPERS ID

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 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 Individual 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 Payment of Monthly Allowance to a Trust (Annuitant) form available at www.calpers.ca.gov.

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, \_\_\_\_\_

Date

Name of Notary/Witness

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)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



# 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**).