



Request for Payment of Monthly Allowance to a Trust

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

Complete this form only if you are requesting that a monthly benefit be paid to a trust where you (or you and your spouse) are the sole beneficiary during your lifetime. Review the last page of this form for information and detailed instructions.

Section 1

Annuitant's Information

Annuitant's Name (First Name, Middle Initial, Last Name)		CalPERS ID
Address		() Daytime Phone
City	State	Zip

Section 2

Payment Preference

Please select one box only.

I authorize CalPERS to send my monthly allowance to the trust by:

- ☐ Direct Deposit (You or, if you are not the trustee of the trust, your trustee must complete and submit a **Direct Deposit Authorization** form.)
- ☐ Paper Check (Provide mailing information below.)

Address for Mailing of Check		
City	State	Zip

Section 3

Annuitant's Certification

I, _____ authorize the California Public Employees' Retirement System (CalPERS) to pay my monthly allowance to my trust as indicated in Section 2.

Annuitant's Name

Retirement System (CalPERS) to pay my monthly allowance to my trust as indicated in Section 2.

Name and Date of Trust
Name of Trustee(s)
Trust's Taxpayer Identification Number

I/We have attached the following required document:

- **Certification of Trust** for my trust agreement

Section 3 continues on page 2

Put the annuitant's name
and CalPERS ID at the
top of every page.

Annuitant's Name

CalPERS ID

Section 3, continued

Annuitant's Certification, continued

Should I (or, if I am not the trustee of the trust, my trustee) become incapacitated, resign as trustee of my trust, or otherwise cease to act as trustee of my trust, my successor trustee(s) must complete and submit the Certification of Trust and Request for Continued Payment of Monthly Allowance to a Trust form. In addition, CalPERS will request from my successor trustee(s) verification that the successor trustee(s) has been legally and properly appointed. If I (or, if I am not the trustee of the trust, my trustee) resign as trustee, I am aware a signed statement of resignation must be provided to CalPERS.

I understand that monies paid by CalPERS to this trust after my date of death must be returned to CalPERS. My trustee and successor trustee(s) have been notified of their responsibility to notify CalPERS immediately upon my death and of their obligation to repay any monies to which CalPERS is entitled.

I certify that the above-named trust is a revocable living trust and I or I and my spouse are the sole beneficiaries of this trust during my/our lifetime(s).

I certify under **Penalty of Perjury** that all the information on this form is true and correct.

Signature and
date required.

Annuitant's Signature

Date

Mail to:

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

Request for Payment of Monthly Allowance to a Trust Information and Instructions

Information

If you establish a revocable living trust of which either you or you and your spouse are the sole beneficiaries during your lifetime, CalPERS may pay your monthly allowance to that trust.

CalPERS can only pay a monthly allowance to a trust that was established for your benefit during your lifetime. CalPERS cannot honor a request to have your monthly allowance paid to a trust for the benefit of another person (e.g., a trust for the benefit of a grandchild). This is considered an assignment of benefits and is prohibited by Government Code § 21255.

Should you (or, if you are not the trustee of the trust, your trustee) become incapacitated or if you are otherwise no longer designated as the trustee of your trust, your successor trustee(s) must complete and submit the Certification of Trust and Request for Continued Payment of Monthly Allowance to a Trust form. In addition, your successor trustee(s) must provide written verification that he or she has been properly appointed as successor trustee.

Pursuant to Government Code § 21256, the trustee(s) have the authority to make tax withholding elections and to change the address for annuitant payments and payment-related correspondence. Submission of a power of attorney that confers authority related to CalPERS or conservatorship is required if changes to your account other than the those specified in Government Code § 21256 are requested by your trustee.

The trustee must reimburse any monies paid to the trust after your death.

It is recommended that you retain a copy of this form and keep it with the trust document.

Section 1

Annuitant's Information

- You must complete all fields.

Section 2

Payment Preference

- Select a checkbox to indicate how CalPERS should send your monthly allowance.
 - If you select direct deposit, you (or, if you are not the trustee of the trust, your trustee) must complete and sign the **Direct Deposit Authorization**
 - If you select paper check, provide the address for mailing of the check.

Section 3

Annuitant's Certification

- You must complete all fields, sign and date this form.
- You must attach the Certification of Trust from the trust agreement.
- If you are completing this form as an attorney-in-fact pursuant to a power of attorney designation, you must submit a validly-executed and currently effective power of attorney document with this form.

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).