



# Refund Election Application

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

Submit your refund application online through your myCalPERS account for a faster, more convenient and secure refund.

## Section 1

Provide your name as it appears on your Social Security card if you are a U.S. citizen.

### Member Information

Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Address

City

State

Zip

Email

( ) Daytime Phone Number

Select this box if you are a nonmember refunding your community property account.

## Section 2

Your direct rollover check will be issued in the name of your financial institution, but we must mail it to your home address. You are required to deposit the check with your financial institution.

### Distribution Option

Choose one of the following options for your CalPERS member/nonmember contributions and interest refund:

**Direct Payment to You:** Attach a *Refund Direct Deposit Authorization* form, available on our website.

- Federal withholding tax – it is mandatory for us to withhold 20%.
- California state withholding tax – 2% will be automatically deducted from your refund amount, unless you check the box below.

**No** – Do not withhold state tax.

**Rollover** to another eligible retirement plan or Individual Retirement Account (IRA)

Name of Institution  IRA  Other Eligible Retirement Plan % Percent of Refund

Name of Institution  IRA  Other Eligible Retirement Plan % Percent of Refund

**Combination** of a Direct Payment to You and a Rollover to another eligible retirement plan or IRA.

- Federal withholding tax – it is mandatory for us to withhold 20%.
- California state withholding tax – 2% will be automatically deducted from your refund amount, unless you check the box below.

**No** – Do not withhold state tax.

Name of Institution  IRA  Other Eligible Retirement Plan % Percent of Refund

Name of Institution  IRA  Other Eligible Retirement Plan % Percent of Refund

**Section 3**

**Spouse or Registered Domestic Partner Acknowledgment**

Check the box if you are **not** married (i.e. – divorced, widowed, or never married).

I am not legally married, nor do I have a registered domestic partner.

If you **are** married or have a Registered Domestic Partner, your spouse or registered domestic partner must sign in the space provided below in the presence of a notary or authorized representative of CalPERS.

**Spouse's or Registered Domestic Partner's Signature:** You must sign this form in the presence of a notary public or authorized representative of CalPERS.

By signing this form, I acknowledge my spouse's or registered domestic partner's request for a refund.

Print Name

Spouse's or Registered Domestic Partner's Signature

Date (mm/dd/yyyy)

Sign this form in the presence of a notary or authorized representative of CalPERS.

If you are unable to locate your spouse or registered domestic partner, complete and include the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form, available on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

**Section 4**

**Refund Election Waiver of Rights**

Please read, check the box provided below, and sign the following waiver of rights statement.

**We cannot process a refund without your signature.**

I hereby waive all potential future retirement, disability, and/or death benefits. I understand that by refunding my contributions, I am forfeiting all future benefits, including any appeal cases pending with CalPERS, and am terminating my CalPERS membership, unless I am a vested member under the State Second Tier.

**By signing this form, I understand this decision is irrevocable. Once this application is processed, it cannot be cancelled.**

**I certify under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct.**

As the member requesting a refund, you must sign this form in the presence of a notary or authorized representative of CalPERS.

Signature

Date (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 5**

**Notary Public Acknowledgment**

State of California, County of \_\_\_\_\_

This section is to be completed at the same time as Sections 3 and 4.

On \_\_\_\_\_ before \_\_\_\_\_ personally appeared  
Date (mm/dd/yyyy) Printed Name of Notary Public or Witness

\_\_\_\_\_  
Name(s) of Principal(s)

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.

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.

Notary Seal

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

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

\_\_\_\_\_  
Printed Name      CalPERS Office (if applicable)

# 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**).