



# Request to Convert Past Second Tier Service

888 CalPERS (or 888-225-7377) • TTY for Speech & Hearing Impaired: (877) 249-7442 Fax: (800) 959-6545

Participant Name: \_\_\_\_\_ CalPERS ID or SSN: \_\_\_\_\_

I hereby certify under penalty of perjury the information I provided is true and correct to the best of my knowledge. **I acknowledge that I am currently in the First Tier Retirement Formula.** I understand I must meet the requirements under California law. I have reviewed the publication **A Guide to Your CalPERS Service Credit Purchase Options** (PUB 12) and I meet all the requirements outlined in the publication. I understand it is my responsibility to ensure my request is received by CalPERS. I further understand any balance resulting from an election must be paid in full by my retirement date, or my retirement benefit will be reduced by the actuarial equivalent of the remaining balance.

Sign and date the request form. Make a copy for your records.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Spouse or Registered Domestic Partner's Signature:

Government code 21073.7 requires proof that your spouse or registered domestic partner are aware of your selections. Please complete the section below.

Spouse/Domestic Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am not legally married nor have a registered domestic partner (select one reason below):

Never married/registered     Divorced date: \_\_\_\_\_     Widowed Date: \_\_\_\_\_

If your spouse or registered domestic partner is unable to sign, please complete the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form, available on the CalPERS website, and return with your completed request form.