



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 *Service Retirement Election Application* (PUB 43).

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) | Daytime Phone | Alternate Phone

Email Address

Section 2

Please enter the last day you were on payroll with a CalPERS-covered employer.

Information About Your Retirement

Last Day on Payroll (mm/dd/yyyy) | Your Retirement Date (mm/dd/yyyy)

Employer Full Name

Full Position Title

Temporary Annuity

Choosing to receive a temporary annuity will permanently reduce your retirement benefit. Please refer to the *Temporary Annuity* publication (PUB 13) before making this choice.

To elect to receive a temporary annuity payment, select one of the choices below.

I became a member prior to January 1, 2002, and elect to receive temporary annuity until age _____ in the amount of \$ _____ per month.
(59½ or whole age 60 to 68) Dollars

I became a member on or after January 1, 2002, and have CalPERS service coordinated with Social Security. I elect to receive temporary annuity until age _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

Other California Public Retirement Systems

If you are a member of a defined benefit plan with a California public retirement system other than CalPERS, please complete the following:

Name of Reciprocal System

Last Day of Employment With Reciprocal System (mm/dd/yyyy) | Retirement Date With Reciprocal System (mm/dd/yyyy)

In the event of your death, any outstanding temporary annuity payments will be paid in a lump sum to a beneficiary. Complete your beneficiary information in Section 4c.

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.

If you are required by a court order to designate your nonmember spouse or partner for an ongoing monthly benefit, choose one of the Court-Ordered Community Property Option 4 options for your share of the benefit.

Court-Ordered Community Property Option 4 | Provide your former spouse/partner's information and choose one of the options below for your share of the benefit.

Former Spouse/Former Registered Domestic Partner (First Name, Middle Initial, Last Name) _____
Social Security Number or CalPERS ID

<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"/> 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 Nonbinary _____
Relationship to You

Address

City State ZIP Country

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

- Flexible Beneficiary Option 4/Specific Percentage or Specific Dollar Amount
• Court-Ordered Community Property Option 4/Specific Percentage or Specific Dollar Amount

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

Section 4c

Complete Your Beneficiary Information – Return of Remaining Contributions

If you want to name separate beneficiaries for the balance of your remaining contributions and/or temporary annuity balance, call us toll free at 888 CalPERS (or 888-225-7377).

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
• Temporary Annuity (remaining balance upon your death)
• Court-Ordered Community Property Option 4/Return of Remaining Contributions Option 1

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.

Form fields for the first beneficiary: Name, Social Security Number or CalPERS ID, Birth Date, Relationship to You, Priority, Percent of Benefit, Address, City, State, ZIP, Country.

Form fields for the second beneficiary: Name, Social Security Number or CalPERS ID, Birth Date, Relationship to You, Priority, Percent of Benefit, Address, City, State, ZIP, Country.

Form fields for the third beneficiary: Name, Social Security Number or CalPERS ID, Birth Date, 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).

Form fields for the fourth beneficiary: Name, Social Security Number or CalPERS ID, Birth Date, Relationship to You, Priority, Percent of Benefit, Address, City, State, ZIP, Country.

Section 5

Retired Death Benefit – Beneficiary Designation

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 one or more beneficiaries to receive the Retired Death Benefit upon your death. The amount payable is based on your employer's contract with us. You can change this beneficiary designation at any time.

If you last worked with another California retirement system that provides a similar death benefit, the CalPERS Retired Death Benefit is not paid.

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	_____%
		Priority	Percent of Benefit

Address _____

City	State	ZIP	Country
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Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	_____%
		Priority	Percent of Benefit

Address _____

City	State	ZIP	Country
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Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	_____%
		Priority	Percent of Benefit

Address _____

City	State	ZIP	Country
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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)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	_____%
		Priority	Percent of Benefit

Address _____

City	State	ZIP	Country
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Section 6

Survivor Continuance Information

See Survivor Continuance instructions in the publication *Service Retirement Election Application* (PUB 43) to learn about eligibility requirements for this benefit.

1. Were you married or in a registered domestic partnership at least one year prior to your retirement date?
 No Yes, provide:

Name of Spouse/Registered Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Address

City State ZIP Country

2. Do you have any natural or legally adopted unmarried children under age 18? No Yes, provide:

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

Birth Date (mm/dd/yyyy)

Address

City State ZIP Country

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

Birth Date (mm/dd/yyyy)

Address

City State ZIP Country

3. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? No Yes, provide:

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

Birth Date (mm/dd/yyyy)

Address

City State ZIP Country

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

Birth Date (mm/dd/yyyy)

Address

City State ZIP Country

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Your Name _____ Social Security Number or CalPERS ID _____

Section 6, continued

Survivor Continuance Information, continued

4. Are your parents dependent upon you for one-half of their support? No Yes, provide:

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

Birth Date (mm/dd/yyyy)

Address

City State ZIP Country

Section 7

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.
Number

In 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.
Number

In 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 8

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

Section 9

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

I decline continuation of my CalPERS health coverage into retirement.

Section 10

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or any lump-sum benefits that may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in one or more of the following benefits (if applicable):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award 50 percent of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining 50 percent of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

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

Your Signature	Date (mm/dd/yyyy)

Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner in this application. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all of the following benefits will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered domestic partner should sign this consent if he or she consents to each of your beneficiary designations after reviewing this section. His or her signature must be notarized or witnessed by a CalPERS representative.

Your Spouse's or Domestic Partner's Signature	Date (mm/dd/yyyy)

Section 11

Signatures and Notary or Witness Acknowledgment

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 I only have 30 days from the issuance of my first retirement benefit check to cancel or make any changes to this application. If I seek post-retirement CalPERS employment, I understand I must read the publication A Guide to CalPERS Employment After Retirement (PUB 33), which contains information about the requirements for such employment.

Are you legally married or do you have a state-recognized registered domestic partner? [] Yes [] No
If no, please indicate: [] Never Married or in Domestic Partnership
[] Divorced, Annulled, or Domestic Partnership Terminated
[] Widowed

If you answered yes above, your spouse or registered domestic partner must sign this application unless you have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, and you designated your spouse or registered domestic partner as the beneficiary, and you designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the Justification for Absence of Spouse's or Registered Domestic Partner's Signature form.

Your signature and your spouse's or registered domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

Your Signature Date (mm/dd/yyyy)
Your Spouse's or Domestic Partner's Signature Date (mm/dd/yyyy)

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 Date
before me, personally appeared
Name of Notary/Witness

, 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)

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**).