



Mandatory Refund Election Form

With Required Minimum Distribution

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

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) 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

Please select either an in-hand distribution or a rollover.

Eligible Rollover Distribution (ERD)

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

Important
For direct rollover financial institution information: Do not submit a transfer form that was prepared by your financial institution in lieu of this completed form.

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.

Required Minimum Distribution (RMD)

For the RMD portion of your refund, you must make an election for Federal and State income tax withholding.

Federal Tax Withholding

- Yes – I elect to have 10% of the taxable portion withheld for federal income tax.
- No – Do not withhold federal income tax.

State Tax Withholding

- Yes – I elect to have 2% of the taxable portion withheld for state income tax.
- No – Do not withhold state income tax.

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.

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

CalPERS ID

Section 5

Notary Public Acknowledgment

State of California, County of _____

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)

Mail to:

CalPERS Member Account Management Division • P.O. Box 942704, Sacramento, California 94229-2704