



Unclaimed Property Refund Application

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: 800-959-6545

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

Section 2

If a **Refund Direct Deposit Authorization** form is not returned, a paper check will be mailed to your address on file.

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

Distribution Option

☐ **Direct Payment of Net Refund Amount:** Complete the enclosed **Refund Direct Deposit Authorization** form.

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 3

Notary Public Acknowledgment

State of California, County of _____

This section is to be completed at the same time as **Section 2**.

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

REFUND DIRECT DEPOSIT AUTHORIZATION**Section 1**

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

Information About You

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)_____
CalPERS ID Number_____
Address_____
Daytime Phone_____
City_____
State_____
ZIP**Section 2**

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, you must have your financial institution complete this section.

Information About Your Account

☐ Checking ☐ Savings ☐ Individual ☐ Joint (If so ☐ Trust Account*
Complete Section 3)

Routing Number (nine digits)_____
Account Number

Please use tape to attach your voided, **pre-printed personalized check**. (Do not staple or paper clip. **No deposit slips.**)

*** Trust Accounts**

You will need to complete a CalPERS trust form, which can be obtained by contacting CalPERS

Name of Financial Institution_____
Branch Phone_____
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)

Section 3**Information About Joint Account Holder (If Applicable)**

Name (First Name, Middle Initial, Last Name)		CalPERS ID Number
Address		Daytime Phone
City	State	ZIP

Section 4**Certification**

Signature required.

** To comply with NACHA regulations regarding International ACH Transactions (IAT), 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 the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. 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.**.

Signature of Payee

Date (mm/dd/yyyy)

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