



**Judges' Retirement System II**

P.O. Box 942705, Sacramento, CA 94229-2705

Phone: (916) 795-3688 | Fax: (916) 795-1500 | TTY: (877) 249-7442 | [www.calpers.ca.gov](http://www.calpers.ca.gov)

## Judges' Retirement System II Application/Defined Benefit

**Important: Your application should be mailed directly to the Judges' Retirement System II no more than 120 days before your retirement date. Please forward your retirement application, together with a copy of your birth certificate and all other required documents.**

### Section 1 – Judges' Retirement System II Member Information

_____ First Name	_____ Middle Initial	_____ Last Name	_____ Social Security Number or CalPERS ID
_____ Mailing Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Date of Birth (mm/dd/yyyy)
_____ City		_____ Home Phone	
_____ State	_____ ZIP	_____ Country	_____ Work Phone

### Section 2 – Retirement Information

Current Court Type:       Supreme                       Appellate                       Superior

\_\_\_\_\_  
Retirement Date (Last Day on Payroll - mm/dd/yyyy)

\_\_\_\_\_  
County and/or District Name, or Appellate District & Division

\_\_\_\_\_  
Allowance Commencement Date (mm/dd/yyyy)

**Other California Public Retirement Systems:**       Yes  No    If yes, complete the section below.

\_\_\_\_\_  
Name of System

\_\_\_\_\_  
Date of Retirement (mm/dd/yyyy)

**Date of Service Credited From:**      **To:**

_____ Month	_____ Day	_____ Year	_____ Month	_____ Day	_____ Year
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### Section 3 – Survivor Continuance

_____ Spouse/Registered Domestic Partner's Name	_____ Social Security Number
_____ Date of Birth (mm/dd/yyyy)	_____ Date of Marriage/Registered Partnership (mm/dd/yyyy)

Male  Female

Name \_\_\_\_\_

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

**Section 4 – Select Your Retirement Payment Option**

By filling out this section, you are electing your retirement payment option and designating your beneficiary. Your beneficiary may only be your spouse/registered domestic partner. Along with your option selection, you must complete at least one of the Sections 4a-4b, naming your spouse/registered domestic partner. If you choose the Unmodified Allowance Option, you do not need to specify your spouse/registered domestic partner. Select only one payment option.

<input type="checkbox"/> <b>Unmodified Allowance Option</b>	There is no beneficiary designation for this option and there is no return of contributions. Skip to Section 5.
<input type="checkbox"/> <b>Return of Remaining Contributions Option 1</b>	Complete your beneficiary designation in Section 4b
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2</b>	Complete your beneficiary designation in Section 4a and review Section 4b
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3</b>	Complete your beneficiary designation in Section 4a and review Section 4b
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> <b>Flexible Beneficiary Option 4</b> <input type="checkbox"/> <b>Flexible Beneficiary Option 4 Specific Dollar Amount to Beneficiary \$ _____</b> <input type="checkbox"/> <b>Flexible Beneficiary Option 4 Specific Percentage to Beneficiary _____%</b>	Choose one of the options below:  Complete your beneficiary designation in Section 4a  Complete your beneficiary designation in Section 4a

Name

Social Security Number or CalPERS ID

**Section 4a – Individual Lifetime Beneficiary – Ongoing Monthly Benefit**

If you chose one of the following options, your beneficiary may only be your spouse/registered domestic partner. Please also include your spouse/domestic partner’s birth certificate and a copy of your marriage certificate.

Upon your death, your designated beneficiary will receive the ongoing monthly benefit.

- 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
- Flexible Beneficiary Option 4

Name (First Name, Middle Initial, Last Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Male  Female  
Gender

Relationship to You

Address

City

State

Zip

Country

**Section 4b – Return of Remaining Contributions**

If choosing Return of Remaining Contributions Option 1 as your option election, your beneficiary may only be your spouse/registered domestic partner. This designation automatically revokes when there is a change in your marital/domestic partnership status.

Name (First Name, Middle Initial, Last Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Male  Female  
Gender

Relationship to You

Address

City

State

Zip

Country

If you are unmarried or if you chose the following options, your beneficiary for the return of remaining contributions portion may only be your estate.

- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3

Name \_\_\_\_\_

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

**Section 5 – Member Signature and Notary**

I hereby certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to change or cancel this application, I must notify the Judges' Retirement System II within 30 days of the issuance of my first retirement allowance check.

I am not married/in a registered domestic partnership

Member's Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Spouse/Registered 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 \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared,  
(Date-mm/dd/yyyy) (Name & Title of Officer or CalPERS Representative)

\_\_\_\_\_ 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.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (SEAL)

## Justification for Non Signature of Spouse or Registered Domestic Partner

The member's current spouse/registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse/registered domestic partner of a member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation for retirement death benefits.

If a spouse/registered domestic partner's signature does not appear on one of the above named documents, the following information **MUST** be completed by the member and submitted with the application for retirement.

- Judges' Retirement System     Judges' Retirement System II     Legislators' Retirement System

\_\_\_\_\_  
Name

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

- I am not legally married or have a registered domestic partnership because:
- Never married/or had a registered domestic partner
  - Divorced/marriage or domestic partnership annulled \_\_\_\_\_  
Date (mm/dd/yyyy)
  - Widowed \_\_\_\_\_  
Date (mm/dd/yyyy)
- I am legally married or have a registered domestic partner, but my spouse/registered domestic partner did not sign the form because:
- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse/registered domestic partner,
  - My spouse/registered domestic partner has been advised of the application and has refused to sign the acknowledgment,
  - My spouse/registered domestic partner is incapable of executing the acknowledgment because of an incapacity mental or physical condition,
  - My spouse/registered domestic partner has no identifiable community property interest in the benefit,
  - My spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement, which makes the community property law inapplicable to the marriage/partnership.

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

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

# JUDGES' HEALTH AND DENTAL DECLARATION

## Member Information

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

\_\_\_\_\_  
Retirement Date (mm/dd/yyyy) Commencement Date of Allowance (mm/dd/yyyy)

- I am currently enrolled in a State medical and/or dental plan and elect to continue or change my medical and/or dental plan as indicated below.
  
- I am not currently enrolled in a State medical and/or dental plan. I request to enroll in a State-sponsored medical and/or dental plan at retirement. I have indicated my medical and/or dental plan(s) and any eligible dependents below.
  
- I elect not to enroll or continue my medical and/or dental insurance into retirement. I understand that even though I was previously eligible for coverage as an active member, I have been informed that this election will not affect my future eligibility for State-sponsored coverage and that I may elect coverage within 60 days of retirement or during any future Open Enrollment period.

## Health Carrier Information

Name of Medical Plan \_\_\_\_\_ Total Enrollees on Plan: \_\_\_\_\_

Name of Dental Plan \_\_\_\_\_ Total Enrollees on Plan: \_\_\_\_\_

## Dependent Information

\_\_\_\_\_  
Dependent Social Security Number Full Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Dependent Social Security Number Full Name Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Member's Signature Date (mm/dd/yyyy) (\_\_\_\_) \_\_\_\_\_  
Daytime phone number

**CalPERS requires you to have a physical address on file for the administration of your health benefits. If your mailing address is different from your physical address, please provide your physical address below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR JRS II USE ONLY</b>	Effective Date:
Analyst Initials:	
Health Plan/Carrier Code:	Dental Plan./Carrier Code:



Judges' and Legislators' Retirement Systems

**IMPORTANT: Failure to return this form will be considered an election to have taxes withheld at the default rate.**

**Tax Withholding Election**

**Section 1: Your Information**

Last Name	SSN or ITIN

First Name, Middle Initial	Or CalPERS ID

Street Address	Phone Number
	(      )

City	State	ZIP Code

**Please Tell Us About Your Citizenship and Residency.**  
Select only one checkbox:

I am a citizen of another country and live in the United States.

I am a citizen of the United States and live in the United States.

I am a citizen of the United States and live in another country.

I am a non-resident alien. Provide your country of citizenship and legal residency. **Skip to Section 4: Signature and Date.**

Country of Citizenship: \_\_\_\_\_ Country of Legal Residency: \_\_\_\_\_

**Please Specify Which Retirement Program You Would Like This Election Applied To:**  
If multiple programs apply to you, please submit a separate form for each program.

CalPERS     Judges' Retirement System     Judges' Retirement System II     Legislators' Retirement System

**Please Specify Which Account(s) You Would Like This Election Applied To:**

Retirement     Community Property Benefit     Death Benefits

**Section 2: Federal Tax Withholding Election**

**Step 1:**

Complete the following applicable lines:

- a)  Check here if you **do not** want any federal income tax withheld from your pension or annuity and go to Section 3: California State Tax Withholding Election.
- b) **Filing Status:**  
 Single or Married Filing Separately  Married Filing Jointly or Qualifying Widow(er)  Head of Household

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Section 3: California State Tax Withholding.**

See pages 4 and 5 for more information on each step.

**Step 2:**

**Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job/Pension/Annuity)**

Complete this step if you:

- have income from a job or more than one pension/annuity, or
- are married filing jointly and your spouse receives income from a job or a pension/annuity.

See page 6 for examples on how to complete Step 2.

a) **Job income.** If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-”. ..... > \$ \_\_\_\_\_

b) **Other Pension and Annuities.** If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-”. ..... > \$ \_\_\_\_\_

c) **Total: Add the amounts from items (a) and (b) and enter the total here.** ..... > **2** \$ \_\_\_\_\_

**TIP:** • To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

- If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.

**Step 3:**

**Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

a) Multiply the number of **qualifying children** under age 17 by \$2,000. .... > \$ \_\_\_\_\_

b) Multiply the number of other **dependents** by \$500. .... > \$ \_\_\_\_\_

c) Add **other credits**, such as foreign tax credit and education tax credits. .... > \$ \_\_\_\_\_

Add the amounts for qualifying children, other dependents, and other credits and enter the total here. .... > **3** \$ \_\_\_\_\_

**Step 4:**

**Other Adjustments (Optional)**

a) **Other income** (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends. .... > **4(a)** \$ \_\_\_\_\_

b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 6 and enter the result here. .... > **4(b)** \$ \_\_\_\_\_

c) **Extra withholding.** Enter any additional tax you want withheld from each payment. .... > **4(c)** \$ \_\_\_\_\_



**Section 3: California State Tax Withholding Election**

Complete the following applicable lines:

a)  Check here if you **do not** want any California state income tax withheld from your pension or annuity.  
**Skip to Section 4 for signature.**

b) Filing status and total number of allowances you are claiming for withholding from each pension or annuity payment. (You also may designate an additional dollar amount on line c.)

**Filing Status:**

Single or Married (with two or more incomes)  Married (one income)  Head of Household

(Must enter number of allowances:) \_\_\_\_\_

c) Additional amount, if any, you want withheld from each pension or annuity payment. .... > \$ \_\_\_\_\_  
(Note: You cannot enter an amount here without entering a filing status and the number, including zero, of allowances on line b.)

d) I want this designated amount withheld from each pension or annuity program. .... > \_\_\_\_\_  
**(Do not** complete lines a, b, or c.)

**Section 4: Signature and Date**

I certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge.

**Signature** (This form is not valid unless you sign it.)

**Date (mm/dd/yyyy)**

## Tax Withholding Election — Instructions

**Read these instructions before completing this form. Print or type in dark ink. Initial all corrections.**

**PURPOSE:** Use this form to tell CalPERS the amount of federal and California state income tax to withhold from your benefit payments.

Complete the ***Tax Withholding Election*** form (myCalPERS 1289), sign and submit it to CalPERS as soon as possible. Because your tax situation may change from year to year, you may want to recalculate your tax withholding.

**COMPLETING THIS FORM:** To calculate the proper amount of tax withholding, use IRS Form W-4P (which has a worksheet and instructions) at [irs.gov](https://www.irs.gov) for your federal withholding, and EDD Form DE 4P at [edd.ca.gov](https://edd.ca.gov) for California state withholding.

**CHOOSING NOT TO HAVE INCOME TAX WITHHELD:** You (or in the event of death, your beneficiary or estate) can choose not to have income tax withheld from your payments that are not eligible for rollover. If you do not want federal or California state tax withheld, complete Section 1, Section 2 step 1a) for federal, Section 3 step a) for State, and Section 4 for signature and date.

**CAUTION:** There are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments. See IRS Publication 505, Tax Withholding and Estimated Tax, at [irs.gov](https://www.irs.gov). It explains your estimated tax requirements and describes penalties in detail.

### SECTION 1: YOUR INFORMATION

Enter your full name, CalPERS ID or Social Security number or Individual Taxpayer Identification Number, mailing address, and telephone number. For an estate, enter the estate's Employer Identification Number instead of the Social Security number. Select the statement that reflects your citizenship and residency. The United States has tax treaties with many countries. Please provide your citizenship and residence country information to determine if one may apply to you.

Indicate the account(s) you want your withholding preferences applied to. You may submit a separate form if you want to choose different withholding preferences for your other payments.

### SECTION 2: FEDERAL TAX WITHHOLDING ELECTION

If you are receiving a monthly benefit, indicate your federal tax withholding preferences in this section. If you do not complete this section, CalPERS must withhold federal income tax from your benefit payments as single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new myCalPERS 1289 form.

**Step 1.** For U.S. citizens and resident aliens, federal tax withholding is required on monthly payments delivered outside the United States or its possessions. See IRS Publication 505, Tax Withholding and Estimated Tax, at [irs.gov](https://www.irs.gov) for details.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) who receives income from a job and/or pension/annuity.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required Social Security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

## Tax Withholding Election — Instructions (continued)

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see IRS Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your annual tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't submit myCalPERS 1289 form to CalPERS, you don't provide an SSN, or the IRS notifies CalPERS that you gave an incorrect SSN, then CalPERS will withhold tax from your payments as if your filing status is Single in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new myCalPERS 1289 form.

### SECTION 3: CALIFORNIA STATE TAX WITHHOLDING ELECTION

If you want California state income tax withheld, indicate the number of withholding allowances and your filing status by checking the appropriate box, and specify an additional flat dollar amount, if any. Use the EDD form DE 4P at [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf) to calculate state tax withholding. You may designate a dollar amount to withhold instead of claiming withholding allowances. If you do not want any California state income tax withheld, check the appropriate box. If you want ten percent of the amount of federal withholding computed pursuant to Section 3405 of the Internal Revenue Code, complete line d) in section 3 by writing "10%".

If you do not complete this section and you live in California, CalPERS must withhold California state income tax from your benefit payments as Single.

### SECTION 4: REQUIRED SIGNATURE

Sign and date your form before submitting it to CalPERS. Your form will not be accepted without your signature and date.

### IMPORTANT INFORMATION

For nonresident aliens, nonresident alien beneficiaries, and foreign estates, in the absence of a tax treaty exemption, monthly payments generally are subject to a 30 percent federal withholding tax on the taxable portion of payments from U.S. sources. See IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and IRS Publication 519, U.S. Tax Guide for Aliens, at [irs.gov](http://irs.gov).

### ANNUAL STATEMENT OF FEDERAL INCOME TAX WITHHELD

By January 31 of each year, CalPERS will furnish a tax statement Form 1099-R, showing the total amount of benefit payments and the total federal and California state income tax withheld during the preceding year. If you are a non-resident alien, CalPERS will furnish a tax statement Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of each year.

### QUESTIONS?

For information about federal tax withholding, contact the IRS at (800) 829-1040 or visit the IRS website at [irs.gov](http://irs.gov). For information about state tax withholding, visit the California Franchise Tax Board website at [ftb.ca.gov](http://ftb.ca.gov). CalPERS will only withhold California state tax. If you are not a resident of California, refer to your local state tax authority for their income tax regulations. If you live outside the state of California and you choose to withhold state tax, CalPERS will withhold California state tax.

Also read IRS Publication 575, Pension and Annuity Income, IRS Publication 505, Tax Withholding and Estimated Tax, and FTB Publication 1005, Pension and Annuity Guidelines, or contact a qualified tax professional.

**Step 4(b) — Deductions Worksheet (Keep for your records)**

1. Enter an estimate of your annual itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. ....	<b>&gt; 1</b> \$ _____
2. Enter:	
• \$25,900 if you're married filing jointly or a qualifying widow(er)	
• \$19,400 if you're head of household	
• \$12,950 if you're single or married filing separately .....	<b>&gt; 2</b> \$ _____
3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". ....	<b>&gt; 3</b> \$ _____
4. If line 3 equals zero, and you (or your spouse) are 65 or older, enter:	
• \$1,750 if you're single or head of household	
• \$1,400 if you're a qualifying widow(er) or married and one of you is under age 65	
• \$2,800 if you're married and both of you are age 65 or older	
Otherwise, enter "-0-". See Pub. 505 for more information. ....	<b>&gt; 4</b> \$ _____
5. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. ....	<b>&gt; 5</b> \$ _____
6. Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P. ....	<b>&gt; 6</b> \$ _____

Example 1. Bob, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Bob also has a job that pays \$25,000 a year.
- Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(a) and in Step 2 total.
- If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(a) and in Step 2 total.
- Bob will make no entries in Step 4(a) on this myCalPERS 1289 form.

Example 2. Carol, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension).
- Carol will enter \$25,000 in Step 2(a) and in Step 2(c).
- If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this form.

Example 3. Don, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Don doesn't have a job, but he receives another pension for \$75,000 a year (which pays more annually than CalPERS \$50,000 pension).
- Don will **not** enter any amounts in Step 2.
- If Don also has \$1,000 of interest income, he won't enter that amount on this form because he entered the \$1,000 on the other retirements Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year.
- Ann will enter \$25,000 in Step 2(a), \$20,000 in Step 2(b), and \$45,000 in Step 2 total.



**Judges' and Legislators' Retirement Systems**

**Direct Deposit Authorization Form**

**Section 1**

**Information About You**

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

You will receive a confirmation letter with the effective date once Judges' and Legislators' Retirement Systems (JLRS) has processed this completed form. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

**Judges' Retirement System**    **Judges' Retirement System II**    **Legislators' Retirement System**

_____		_____
Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
_____		(     )
Address		Daytime Phone
_____	_____	_____
City	State	ZIP Code

**Section 2**

**Information About Your Account**

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

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

_____	_____
Routing Number (nine digits)	Account Number

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

_____		(     )
Name of Financial Institution		Branch Phone Number
_____		
Address		
_____	_____	_____
City	State	ZIP Code

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 Accounts**  
 You will need to complete and submit a **Payment of Monthly Allowance to a trust (annuitant) form** or the **Certification of the Trust (Successor Trustee)** form available at [www.calpers.ca.gov](http://www.calpers.ca.gov)

**Section 3**

**Information About Joint Account Holder (If applicable)**

_____		_____
Name		Social Security Number or CalPERS ID
_____		(     )
Address		Daytime Phone
_____	_____	_____
City	State	ZIP Code

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

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

**Section 4**

**Certification**

Signature required.

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.\*\*

\*\*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.

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date (mm/dd/yyyy)

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](http://my.calpers.ca.gov). If you have not created your account, you must follow the easy steps to complete the registration process.

# 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).