



Service Retirement Election Application

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

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

Section 1

Information About You

Please provide your name as it appears on your Social Security card.

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

Address

Please display all dates in this order: month/day/year.

City State ZIP Country

Birth Date (mm/dd/yyyy) Gender Male Female Home Phone Alternate Phone

Section 2

Information About Your Retirement

Please enter the last day you received compensation from CalPERS-covered employment.

Please refer to the detailed instructions in this publication.

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

Employer Position Title

Please do not abbreviate your employer's name or position title.

Temporary Annuity - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance beneficiary(ies).

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. No Yes

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ Dollars.

The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ Dollars per month.

Do not list Social Security, military or railroad retirement as a California public retirement system.

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? No Yes, provide:

Name of System

Are you currently working with the other system? No Yes

Retirement Date With Other System (mm/dd/yyyy)

Your Name _____ Social Security Number or CalPERS ID _____

Section 2, continued

Information About Your Retirement, continued

Have your employer complete this section.

Employer Certification

Please refer to the detailed instructions in this publication for more information.

Do not detach from application.

Employee's Last Day on Payroll (mm/dd/yyyy) _____ Employee's Separation Date (mm/dd/yyyy) _____

Balance of unused sick leave hours on employee's date of separation _____ ÷ 8 = _____ Days

Balance of educational leave hours on employee's date of separation _____ ÷ 8 = _____ Days

This certification is not required if you are or were separated from CalPERS-covered employment for more than four months before your retirement date.

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer _____ Print Name (First Name, Middle Initial, Last Name) _____
Position Title of Employer _____ Phone Number of Employer _____ Date (mm/dd/yyyy) _____

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

- Option 1 - To complete this option choice, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 2 - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 2W - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3 - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3W - To complete this option choice, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Unmodified Allowance Option - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

- Option 4, Individual Lifetime Beneficiary - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
Option 2W & Option 1 Combined - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary and Section 3d Balance of Contributions Beneficiary.
Option 3W & Option 1 Combined - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary and Section 3d Balance of Contributions Beneficiary.
Specific Dollar Amount to Beneficiary \$ _____ - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary
Specific Percentage to Beneficiary _____ % - To complete this option choice, you must also fill out Section 3a Individual Lifetime Beneficiary
Reduced Allowance by \$ _____ OR _____ % through _____
Reduced Allowance upon death of retiree or beneficiary: \$ _____ reduction amount

These options apply to Option 4 Individual Lifetime Beneficiary only.

Your Name | Social Security Number or CalPERS ID

Section 3, continued

Select Your Retirement Payment Option and Beneficiary, continued

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

Option 4, Multiple Lifetime Beneficiaries - To complete this option choice, you must also fill out Section 3b Multiple Lifetime Beneficiaries.

These options apply to Option 4, Court Ordered Community Property only.

Option 4, Court Ordered Community Property - If you select this option, you must also complete section 3c, Court Ordered C.P. Beneficiary and select one of the following Court Ordered Community Property options.

- Option 4/Unmodified - There is no additional beneficiary designation for this option.
Option 4/1 - To complete this option choice, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 4/2W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 4/3W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.

Section 3a

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Designate one beneficiary and provide all of that person's information including full name.

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You
Address
City | State | ZIP | Country

Section 3b

Option 4 Multiple Lifetime Beneficiaries

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Dollar/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/Percent of Benefit
Address
City | State | ZIP | Country

Section 3 continues on page 4

Your Name | Social Security Number or CalPERS ID

Section 3b, continued

Option 4 Multiple Lifetime Beneficiaries, continued

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Section 3c

List only the Option 4 beneficiary that is required by your court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You
Address
City | State | ZIP | Country

Section 3d

Designate up to 3 beneficiaries here. If you want to designate more than 3 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see information in this publication on completing the Post Retirement Lump Sum Beneficiary Designation form.

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined or the Temporary Annuity allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You
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
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
Address
City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 4

Retired Death Benefit

All Applicants must complete this section.

This section designates the person who will receive your Lump-Sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You
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
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
Address
City | State | ZIP | Country

Section 5

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on your retirement date? No Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Date of Marriage
Address
City | State | ZIP | Country

Section 5 continues on page 6

Your Name | Social Security Number or CalPERS ID

Section 5, continued

Survivor Continuance, continued

2. Will you be registered with the California Secretary of State as being in a domestic partnership on your retirement date? [] No [] Yes, provide:

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

Birth Date (mm/dd/yyyy) | Gender [] Male [] Female | Date of Registered Partnership (mm/dd/yyyy)

Address

City | State | ZIP | Country

3. Do you have any natural or 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) | Gender [] Male [] Female

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) | Gender [] Male [] Female

Address

City | State | ZIP | Country

4. 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) | Gender [] Male [] Female

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) | Gender [] Male [] Female

Address

City | State | ZIP | Country

Section 5 continues on page 7

Your Name _____ Social Security Number or CalPERS ID _____

Section 5, continued

Survivor Continuance, continued

5. 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) Male Female
Gender

Address

City State ZIP Country

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

Birth Date (mm/dd/yyyy) Male Female
Gender

Address

City State ZIP Country

Section 6

Tax Withholding Election

Please choose one only.

Federal Income Tax information. Please refer to the detailed instructions in this publication for more information.

- Do not withhold federal income tax.
- Withhold federal income tax in the amount of \$ _____ per month.
Dollars
- Withhold federal income tax based on the tax tables for:
 - A married individual with _____ tax withholding exemptions.
Number
 - A single individual with _____ tax withholding exemptions.
Number
 In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

Please choose one only.

State Income Tax information. Please refer to the detailed instructions in this publication for more 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 exemptions.
Number
 - A single individual with _____ tax withholding exemptions.
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.

Your Name | Social Security Number or CalPERS ID

Section 7

Member Signature and Notary

This section must be completed or your application will be returned.

If your spouse's or domestic partner's signature is not available, See instructions in this publication on completing the Justification for Absence of Signature form. Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

Are you legally married or do you have a legal domestic partner? Yes No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: Never Married/or in Partnership Divorced/Annulled Widowed Or Termination of Domestic Partnership

Your Signature | Date (mm/dd/yyyy)

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

State of California, County of _____

On _____ before me, _____

personally appeared _____, 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)