

Justification for Non-Signature of Spouse or Registered Domestic Partner

MS 1125A rev 01/19

CALSTRS®

California State Teachers' Retirement System
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

As required by Education Code sections 22453 and 26703, the signature of the spouse or registered domestic partner of the CalSTRS member or participant is required on any form in which the CalSTRS member or participant makes a request related to the election, change or cancellation of a CalSTRS benefit, subject to the following exceptions. If you are married or registered as a domestic partner and your spouse or partner did not sign one or more of the forms identified in the "Documents Submitted" section, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or registered domestic partner (Education Code sections 22454 and 26704). CalSTRS must have a certified copy of the court order before any benefits can be paid. Submit a certified copy of the court order when you receive it.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Documents Submitted Check the appropriate box for each document you are submitting with this form.

- | | |
|---|--|
| <input type="checkbox"/> Service Retirement Application | <input type="checkbox"/> Add, Change or Cancel Option During Disability Retirement |
| <input type="checkbox"/> Reduced Benefit Election | <input type="checkbox"/> Add, Change or Cancel Option During Disability Retirement, Compound Option Election |
| <input type="checkbox"/> Refund Application | <input type="checkbox"/> Defined Benefit Supplement Termination Benefit Distribution Election |
| <input type="checkbox"/> Disability Benefits Application | <input type="checkbox"/> Defined Benefit Supplement Termination Benefit Election Change |
| <input type="checkbox"/> Preretirement Election of an Option | <input type="checkbox"/> Defined Benefit Supplement Application for Retired Members |
| <input type="checkbox"/> Preretirement Compound Option Election | <input type="checkbox"/> Cash Balance Retirement Benefit Application |
| <input type="checkbox"/> Compound Option Election | <input type="checkbox"/> Cash Balance Termination Benefit Application |
| <input type="checkbox"/> Service Retirement Application Change Request | <input type="checkbox"/> Cash Balance Disability Benefit Application |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership) | <input type="checkbox"/> Cash Balance Rollover Distribution |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement | <input type="checkbox"/> Special Needs Trust Certification form |
| <input type="checkbox"/> Annuity Deposit Information | <input type="checkbox"/> Letter requesting a change |
| <input type="checkbox"/> Reinstatement After Retirement | |
| <input type="checkbox"/> Rollover of Limited-Term Disability Payments | |
| <input type="checkbox"/> Disability Allowance to Service Retirement Application | |



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