

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

MS 1125A (Rev. 6/09)

# CALSTRS

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

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as the forms listed below, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this designation, 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 partner.
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse 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 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 partner. (CalSTRS must have a certified copy of the court order before any benefits can be paid. Please submit a certified copy of the court order when you receive it.) Education Code section 22454

I hereby 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). I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER SIGNATURE

DATE (MM/DD/YYYY)

## Applications Submitted Please check the appropriate boxes.

- |  |   |
|--|---|
| <input type="checkbox"/> Service Retirement Application  | <input type="checkbox"/> Annuity Deposit Information                                  |
| <input type="checkbox"/> Refund Application  | <input type="checkbox"/> Letter Requesting a Change                                   |
| <input type="checkbox"/> Pre-Retirement Election of an Option  | <input type="checkbox"/> Reinstatement After Retirement                               |
| <input type="checkbox"/> Pre-Retirement Compound Option Election   | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Compound Option Election  | <input type="checkbox"/> Rollover of Limited-Term Disability Payments                 |
| <input type="checkbox"/> Retirement Change Request   | <input type="checkbox"/> Disability Allowance to Retirement Application               |
| Option Change After Retirement   | <input type="checkbox"/> Disability Allowance to Compound Option Election             |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement<br>(Dissolution of Marriage or Registered Domestic Partnership) | <input type="checkbox"/> Application for Disability Benefits                          |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement   | <input type="checkbox"/> Disability Retirement Option Selection                       |
|  | <input type="checkbox"/> Defined Benefit Supplement Application                       |



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