

Retirement Application

(SR 0059, rev. 7/06)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 65
Sacramento, CA 95851-0275
(800) 228-5453; TTY (916) 229-3870
www.CalSTRS.com

FOR JANUARY 1, 2007, AND LATER

With my signature on the last page, I certify that I have read the attached instructions and Your Retirement Guide, and I hereby apply for service retirement. I fully understand that if my retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date I have requested on this application.

Section A: Member Information

Name (Last, First, Initial)	Social Security Number or Client ID*	
Address (Street)	E-mail Address (Optional)	
City	State	Zip code
	()	()
Date of Birth (MM/DD/YYYY)	Home Telephone	Work Telephone

Section B: Retirement Information

Retirement Date: (MM/DD/YYYY)
(Read pages 19 and 20 of this guide if you are retiring midyear or before your Reduced Workload Program contract ends.)

Last date of paid employment: (MM/DD/YYYY)

Final Compensation

If your highest earnable salary period was more than 15 years ago, enter the beginning date of that period:

MM/DD/YYYY

Other Public Retirement Systems

If you are a member of any of the following California public retirement systems, please place an "X" in the appropriate box(es) below. Check all that apply. Indicate your retirement date with the other system(s).

CalPERS SFERS LRS UCERS

1937 ACT COUNTY—County Name _____

Retirement date from other system: (MM/DD/YYYY) _____

Early Retirement Limited-Term Reduction Program

I understand that I will receive one-half the monthly benefit amount calculated as if I were age 60. The reduced benefit will continue for the same number of months after age 60 that I received benefits before age 60. After that, the full retirement benefit will be paid.

* Your Client ID is found in your Retirement Progress Report (formerly known as the Annual Statement of Account).



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Retirement Application continued

Name (Last, First, Initial) _____

Section C: Defined Benefit Election

I have read the instructions that describe the Defined Benefit options available, and I elect: The Member-Only Benefit (If you check this box, go directly to Section D.)
 The Modified Benefit (If you check this box, choose an option below.)

Modified Benefit

I previously filed a Pre-Retirement Election of an Option form.

Please indicate the option (either previous 2,3,4,5,6,7 or new 100%, 75%, 50%) you elected _____ and the name of the option beneficiary _____ to confirm your original election.

I am electing an option at retirement. I have read pages 6 and 7 of Your Retirement Guide that describe the Defined Benefit options available and I elect one of the following options at retirement (Complete beneficiary information below):

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option (If you check this box, go directly to Section D and complete the Compound Option Election form)

My option beneficiary for this Retirement Application will be as specified below. (If you have chosen Compound Option, you must also complete the Compound Option Election form in this booklet.)

Beneficiary Name (Last, First, Initial) _____ Social Security Number _____

Address (Street) _____ (Apt #) _____

City _____ State _____ Zip code _____

() _____ () _____

Home Telephone _____ Work Telephone _____

Member of CalSTRS: Yes No Gender: Male Female

Relationship: Spouse Registered Domestic Partner Other

Date of Birth (MM/DD/YYYY) _____

(Reminder: Attach verification of non-member birthdate. See examples on page 3.)

Name (Last, First, Initial) _____

Section D: Defined Benefit Supplement Election

If your Defined Benefit Supplement account balance is under \$3,500, you are required to take a lump-sum payment. Therefore, check box 1 or box 5. Otherwise, lump sum is one of several choices.

Important: If you choose a lump-sum payment or a Period-Certain Annuity of 3 to 9 years after you make your selection, proceed to Section E. Otherwise, proceed to Section F after making your payment selection.

Please read the instructions that describe the Defined Benefit Supplement choices available and place an "X" in the appropriate box below.

Choices If You Elected a Member-Only Benefit on Page 2

- 1. Lump-sum payment
- 2. Member-Only Annuity
- 3. Period-Certain Annuity. Number of years (Circle one.) 3 4 5 6 7 8 9 10
- 4. Combination of lump-sum payment and annuity from annuity choices listed below. (Available only if your Defined Benefit Supplement account balance less the lump sum amount is greater than or equal to \$3,500.)

\$ _____ lump-sum amount.

and (Select one.)

- Member-Only Annuity
- Period-Certain Annuity. Number of years (Circle one.) 3 4 5 6 7 8 9 10

Choices If You Elected a Modified Benefit on Page 2

- 5. Lump-sum payment
- 6. 100% Beneficiary Annuity (formerly known as 100% Joint and Survivor Annuity)
- 7. 75% Beneficiary Annuity
- 8. 50% Beneficiary Annuity (formerly known as 50% Joint and Survivor Annuity)
- 9. Period Certain Annuity. Number of years (circle one) 3 4 5 6 7 8 9 10
- 10. Combination of lump-sum payment and annuity from annuity choices listed below. (Available only if your Defined Benefit Supplement account balance less the lump sum amount is greater than or equal to \$3,500.)

\$ _____ lump-sum amount.

and (Select one.)

- 100% Beneficiary Annuity (formerly known as 100% Joint and Survivor Annuity)
- 75% Beneficiary Annuity
- 50% Beneficiary Annuity (formerly known as 50% Joint and Survivor Annuity)
- Period Certain Annuity. Number of years (circle one) 3 4 5 6 7 8 9 10



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Name (Last, First, Initial) _____

Section E: Defined Benefit Supplement Payment Instructions

Lump-Sum or Period-Certain Annuity of 3–9 Years

Note: If your DBS election was neither a lump-sum payment nor a Period-Certain Annuity, do not complete this section.

I have read the Tax Considerations for Rollovers brochure and have received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a lump-sum distribution or period-certain annuity.

1. I choose to have my Defined Benefit Supplement distribution paid to me. (Proceed to Section F.)

OR

2. I choose to roll over all or part of my Defined Benefit Supplement distribution to a financial institution. (Complete financial institution information below.)

2A. Rollover of Tax-Deferred Contributions and Interest

I elect a direct trustee-to-trustee transfer of my tax-deferred contributions and interest to one of the plans listed below. Any amount not designated for transfer will be mailed to me.

Traditional IRA Qualified Trust Plan such as a 403(b) or 401(k)

Amount to Transfer \$ _____ **OR** Percentage to Transfer (Indicate 1–100%) _____%

Financial Institution Information

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip _____

2B. Rollover of Taxed Contributions (not applicable for most CalSTRS members)

I elect a direct trustee-to-trustee transfer of taxed contributions to one of the plans listed below. Any amount not designated for transfer will be mailed to me.

I understand federal and state income tax will not be withheld from any portion of the taxed distribution.

Qualified Trust Plan such as a 403(b) or 401(k) Roth IRA

Amount to Transfer \$ _____ **OR** Percentage to Transfer (Indicate 1–100%) _____%

Financial Institution Information

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip _____

Retirement Application continued

Name (Last, First, Initial) _____

Section F: Tax Withholding Preferences

For Defined Benefit Payments

If you do not complete this section, CalSTRS is obligated to withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions.

**CALIFORNIA STATE
INCOME TAX WITHHOLDING**

- Do not withhold California state income tax from my monthly benefit payment.

OR

- Calculate my monthly withholding from the California state tax tables using the marital status AND the number of exemptions shown. Check one of the following:
 - Single _____
(Enter 0 or number of exemptions)
 - Married _____
(Enter 0 or number of exemptions)
 - Head of Household _____
(Enter 0 or number of exemptions)

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ _____ .
(Do not enter a percentage; enter a dollar amount.)

**FEDERAL INCOME
TAX WITHHOLDING**

- Do not withhold federal income tax from my monthly benefit payment.

OR

- Calculate my monthly withholding from the federal tax tables using the marital status AND the number of exemptions shown. Check one of the following:
 - Single _____
(Enter 0 or number of exemptions)
 - Married _____
(Enter 0 or number of exemptions)

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ _____ .
(Do not enter a percentage; enter a dollar amount.)

For Defined Benefit Supplement Payments

State Tax

If you have elected to receive your Defined Benefit Supplement funds as either a lump sum or a Period-Certain Annuity of 3–9 years, CalSTRS will withhold California state income tax of six percent unless you specify no state income tax is to be withheld.

- Do not withhold California state income tax from my monthly benefit payment.
- For annuities other than 3–9 years with state tax withholding:**
- Calculate my monthly withholding from the California state tax tables using the marital status AND the number of exemptions shown. Check one of the following:
 - Single _____ (Enter 0 or number of exemptions)
 - Married _____ (Enter 0 or number of exemptions)
 - Head of Household _____ (Enter 0 or number of exemptions)

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ _____ .
(Do not enter a percentage; enter a dollar amount.)

Section F continued on page 6

Retirement Application continued

Name (Last, First, Initial) _____

Section F: Tax Withholding Preferences continued

For Defined Benefit Supplement Payments Other Than Lump Sum and Period-Certain Annuities of 3–9 Years Federal Tax

CalSTRS is obligated to withhold federal income tax at the rate of 20 percent for lump-sum payments of tax-deferred contribution and Period-Certain Annuities of 3 to 9 years.

- Do not withhold federal income tax from my monthly benefit payment.
OR
- Calculate my monthly withholding from the federal tax tables using the marital status AND the number of exemptions shown. Check one of the following:
- Single _____ (Enter 0 or number of exemptions)
 - Married _____ (Enter 0 or number of exemptions)

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ _____ . (Do not enter a percentage; enter a dollar amount.)

Section G: Partial Lump Sum

Complete ONLY if you are taking a Partial Lump-Sum of your Defined Benefit retirement.

- Yes, I choose to receive \$ _____ as a Partial Lump Sum. I understand if the amount I choose exceeds the maximum amount payable, it will be reduced to the maximum amount payable at the time I retire.

Note: Your monthly benefit will be permanently reduced.

Payment Instructions

I have read the Tax Considerations for Rollovers brochure and have received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a partial lump-sum distribution.

I elect one of the following two distribution choices for my Partial Lump-Sum payment.

1. I choose to have my Partial Lump-Sum distribution paid to me.

I understand that 20 percent federal income tax will be withheld from the tax-deferred portion of this distribution. An additional 6 percent will be withheld in California state income tax unless I specify NO state income tax is to be withheld.

Withhold California State Income Tax? (Mark one.) YES NO Federal Income Tax YES

2. I elect a rollover to a qualified trust plan. (Provide transfer information on page 7.)

Section G continued on page 7

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Name (Last, First, Initial) _____

Section G: Partial Lump Sum continued

2A. Rollover of Tax-Deferred Portion of Partial Lump Sum

I elect a direct trustee-to-trustee transfer of the tax-deferred portion of the partial lump-sum payment to one of the plans listed below.

- Traditional IRA Qualified Trust Plan such as a 403(b) or 401(k)

Financial Institution Information

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip _____

2B. Rollover of Taxed Portion of the Partial Lump Sum

I elect a direct trustee-to-trustee transfer of the taxed portion of the partial lump-sum distribution to the qualified trust plan listed below.

- Roth IRA Qualified Trust Plan such as a 403(b) or 401(k)

Financial Institution Information

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip _____

I understand that this is a direct transfer of taxed contributions and this institution agrees to accept this transfer.

CONTINUE TO SIGNATURE PAGE →

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Name (Last, First, Initial) _____

Section H: Required Signatures

- I am married or registered as a domestic partner, and our signatures are below.
- My spouse or registered domestic partner did not sign below. Therefore, I have completed and enclosed a Justification for Non-Signature of Spouse or Registered Domestic Partner form.
- OR
- I am not married (i.e., I am single, divorced or widowed) or registered as a domestic partner, and my signature is below.

My Spouse's or Registered Domestic Partner's Signature

☞

Spouse or Registered Domestic Partner Signature

Date (MM/DD/YYYY)

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

My Signature

☞

Applicant Signature

Date (MM/DD/YYYY)

Submit all pages of this application to:

CalSTRS
P.O. Box 15275
MS 65
Sacramento, CA 95851-0275

We recommend you send your documents via Certified Mail, return receipt requested. You may fax your documents to 916 229-0263 or 916 229-3283.