

Justification for Non-Signature of Spouse or Registered Domestic Partner

1125A (Rev. 3/06)

CALSTRS

California State Teachers' Retirement System
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Since CalSTRS benefits are considered community property some documents require the signature of a spouse or registered domestic partner. These documents include applications involving an unmodified benefit or option choice, refunds of accumulated contributions and Defined Benefit Supplement contributions. If you are married or registered as a domestic partner and are submitting one or more of the forms listed below, but your spouse or registered domestic partner did not sign the form(s), return this completed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form to CalSTRS with the applicable form(s) listed below. One *Justification for Non-Signature of Spouse or Registered Domestic Partner* form can be sent, regardless of how many forms you are submitting, as long as all forms are sent together.

MEMBER'S NAME (LAST, FIRST, INITIAL) _____ SOCIAL SECURITY NUMBER _____

Application(s) Submitted Please check the appropriate box(es)

<input type="checkbox"/> Retirement Application	<input type="checkbox"/> Letter Requesting a Change
<input type="checkbox"/> Refund Application	<input type="checkbox"/> Reinstatement After Retirement
<input type="checkbox"/> Pre-Retirement Election of an Option	<input type="checkbox"/> Cancellation or Change of Option After Disability Retirement
<input type="checkbox"/> Pre-Retirement Option 8 Election	<input type="checkbox"/> Rollover of Limited-Term Disability Payments
<input type="checkbox"/> Option 8 Election	<input type="checkbox"/> Disability Allowance to Retirement Application
<input type="checkbox"/> Retirement Change Request	<input type="checkbox"/> Disability Allowance to Option 8 Election
Option Change After Retirement	<input type="checkbox"/> Application for Disability Retirement
<input type="checkbox"/> Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership)	<input type="checkbox"/> Disability Retirement Option Selection
<input type="checkbox"/> Change of Option Beneficiary After Retirement	<input type="checkbox"/> Change of Option Beneficiary After Disability Retirement
<input type="checkbox"/> Annuity Deposit Information	<input type="checkbox"/> Defined Benefit Supplement Application

Please check the appropriate reason below why the form(s) indicated above is not signed by your spouse or registered domestic partner (partner).

I am married or registered as a domestic partner, but my spouse or partner did not sign the application because:

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner, OR
- My spouse or partner refused to sign the application and intends to petition the court for division of my retirement account. I understand that CalSTRS is prohibited from paying a benefit or refund until all required documentation regarding the division of my retirement account is received by the system, OR
- My spouse or partner is incapable of executing the application because of an incapacitating mental or physical condition (Attach a doctor's statement certifying the condition); OR
- My spouse or partner has no identifiable community property interest in my benefits (Attach a clear, unaltered copy of a certified legal document); OR
- My spouse or partner and I have executed a marriage or registered domestic partner settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership. (Attach a clear, unaltered copy of the certified agreement.)

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

Member Signature

SIGNATURE OF MEMBER _____ DATE (MM/DD/YYYY) _____

