

Justification for Non-Signature of Spouse or Registered Domestic Partner

(MS 1125A, rev. 1/11)

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 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 or 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 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. Submit a certified copy of the court order when you receive it.) Education Code section 22454

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).

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 penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Applications Submitted Check the appropriate boxes.

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



MS1125A