

California State Teachers' Retirement System Refund Application for Former Spouse Or Former Registered Domestic Partner (Partner) Information and Instructions

General Information

Taking a Defined Benefit (DB) and Defined Benefit Supplement (DBS) refund terminates your account as a former spouse or former registered domestic partner of a member of the California State Teachers' Retirement System and forfeits your rights to all CalSTRS benefits.

Distribution Information:

If the CalSTRS member made contributions to the system and the date of divorce or dissolution of partnership is after January 1, 2001, you may have both a DB and DBS account. This request must be for a refund of all of the accumulated contributions and interest in both the DB and DBS accounts established for a former spouse or former partner.

Distribution Information Specific to Former Registered Domestic Partners:

Former registered domestic partners who have an account created as a result of segregation of community property interest are not eligible to rollover a lump sum payment. This is because rollover rules are based on federal law and federal law does not recognize registered domestic partnerships. If this applies to your account you must select direct payment.

Questions:

For answers to frequently asked questions about the DB and DBS program, see the CalSTRS Web site at www.calstrs.com.

Payment Time Frame:

If all information is correct and legible your check for the contributions and interest will be mailed within 30 days of receipt of a valid Refund Application.

Instructions for Completing the Refund Application

Fill out your application form in black ink and keep a copy for your records. If your information is not correct and legible, your check could be late or sent to the wrong address or your application could be returned to you for correction. CalSTRS cannot accept applications that have been erased or with white-out. If you make a mistake, either use a new form or line through the error, make your correction and initial the correction.

Section A:

SOCIAL SECURITY NUMBER - Your Social Security number is used to identify your account. It is important to enter it correctly on each page in the space provided. Provide the member's Social Security number on each page in the space provided.

ADDRESS - Do not use abbreviations. All address changes must be received by CalSTRS in writing. If your address (or if you select a rollover, the address of your financial institution) changes within one year, send written notification to CalSTRS to the attention of: Refund Unit; Mail Station 72.

TELEPHONE NUMBER - To expedite your refund, include the telephone number where you can be reached during the day in case we need to contact you for verification of information.

Section B:

DISTRIBUTION CHOICES - One of the following distribution choices must be selected for *each* account:

- 1) Direct Payment
 - 2) Rollover of DB Refund
 - 3) Rollover of DBS Refund
- Separate warrants will be issued for the taxable and nontaxable portions of the distribution. Previously taxed member contributions are not taxable and are eligible for rollover. Tax-deferred contributions and all interest on both member contributions and tax-deferred contributions are taxable when paid out and are eligible for rollover. If you select a rollover to an eligible employer plan, you must provide ALL requested rollover account information on the *Refund Application*. You must select either a dollar value to be rolled over or a percentage of the eligible funds, but not both. As permitted by law, CalSTRS does not rollover or withhold federal or state income tax from refunds that are less than \$200.
 - Attaching financial institution transfer documents instead of completing the *Refund Application* will delay the processing of your application.

Signature of Institution Representative - Include the signature of an authorized representative of the institution to receive the transfer and the date the signature was obtained.

Refund Application for Former Spouse or Former Registered Domestic Partner Information and Instructions (Cont.)

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Federal and State Tax Withholding –

- Federal and California state laws require income tax withholding on distributions from pensions, annuities and deferred compensation plans. The withholding varies based on the distribution method that is selected. CalSTRS does not provide specific tax information and recommends that you consult the Internal Revenue Service, the California Franchise Tax Board, or a qualified professional for assistance in determining your tax liability.
- CalSTRS is required to withhold 30 percent federal income tax and 6 percent California state tax from all distributions mailed to a foreign country.
- Federal law prohibits California from collecting state income tax on benefits paid to recipients who reside outside the state. However, if you reside outside California

and may be liable for California state tax, you may request California state tax withholding.

- Refer to the *Tax Considerations for Rollovers (MS 1357)* booklet for additional information regarding rollover and federal income tax requirements.

Please visit our website at www.calstrs.com, or call our office at 1 (800) 228-5453 to obtain a copy.

Section C:

SIGNATURE -

APPLICANT'S SIGNATURE - Please note that you are signing your *Refund Application* under penalty of perjury.

Mailing Instructions

- Send your application directly to: California State Teachers' Retirement System, P.O. Box 15275, MS 72, Sacramento, CA 95851- 0275.

Refund Application for Former Spouse or Former Registered Domestic Partner

RF 1356 (Rev. 01/2005)

California State Teachers' Retirement System will use the information on this form to refund contributions and interest from your Defined Benefit and/or Defined Benefit Supplement accounts.

Section A: Former Spouse or Registered Domestic Partner Information

Name	(last)	(first)	(initial)	Social Security Number
Mailing Address				Birthdate (MM/DD/YYYY)
	(number)	(street)	(apt. #)	
	(city)	(state)	(zip code)	Telephone Number (daytime)
Member Social Security Number				Gender of Former Spouse or Registered Domestic Partner: <input type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Distribution Choices

I have read the *Tax Considerations for Rollovers (MS-1357)* 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.

I have selected the following distribution choices for my refund payments from CalSTRS.

*If electing: Direct Payment to Former Spouse or Registered Domestic Partner for DB or DBS distribution – complete Section 1,
 Rollover of DB (Former Spouse only) – complete Section 2,
 Rollover of DBS (Former Spouse only) – complete Section 3.*

Place an "X" in the appropriate box(es):

1. Direct Payment

Defined Benefit Refund Distribution

I elect to have my DB refund distribution mailed directly to me at the address listed above.

I understand that 20 percent federal income tax will be withheld from the taxable portion of this distribution and that 6 percent California state income tax will be withheld unless I specify NO state income tax is to be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES. No taxes will be withheld from "post-tax" contributions.

Federal Income Tax YES CA State Income Tax YES NO

Defined Benefit Supplement Refund Distribution

I elect to have my DBS refund distribution mailed directly to me at the address listed above.

I understand that 20 percent federal income tax will be withheld from the taxable portion of this distribution and that 6 percent California state income tax will be withheld unless I specify NO state income tax is to be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES. No taxes will be withheld from "post-tax" contributions.

Federal Income Tax YES CA State Income Tax YES NO

2. Rollover of DB Refund (Former Spouse only)

Rollover of DB Refund

Rollover of DB Pre-Tax Contributions and all Interest

I elect a direct trustee-to-trustee transfer of DB pre-tax contributions and all interest to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

TRADITIONAL IRA

ELIGIBLE EMPLOYER PLAN

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

Financial Institution Information (to be filled out by Institution Representative):

Account Number

Telephone Number

Name of the Financial Institution

Institution Mailing Address



Signature of Institution Representative

_____/_____/_____
Date (MM/DD/YYYY)

I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred. I understand that the balance I receive directly is subject to 20 percent federal withholding and, unless I specify NO state income tax is to be withheld, 6 percent California state income tax will be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES.

Direct Receipt By Former Spouse

Federal Income Tax YES
CA State Income Tax YES NO

Transferred to IRA or Eligible Employer Plan

Federal Income Tax NO
CA State Income Tax NO

Rollover of DB Post-Tax Contributions

I elect a direct trustee-to-trustee transfer of DB post-tax contributions to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

TRADITIONAL IRA

ELIGIBLE EMPLOYER PLAN

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

Financial Institution Information (to be filled out by Institution Representative):

Account Number

Telephone Number

Name of the Financial Institution

Institution Mailing Address

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



Signature of Institution Representative

_____/_____/_____
Date (MM/DD/YYYY)

I understand that federal and state income tax will not be withheld from any portion of the DB post-tax distribution.

Former Spouse or Registered Domestic Partner SSN: _____ - _____ - _____

3. Rollover of DBS Refund (Former Spouse only)

Rollover of DBS Refund


Rollover of DBS Pre-Tax Contributions and all Interest

I elect a direct trustee-to-trustee transfer of DBS pre-tax contributions and all interest to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

TRADITIONAL IRA

ELIGIBLE EMPLOYER PLAN

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

Financial Institution Information (to be filled out by Institution Representative):	
Account Number	Telephone Number
Name of the Financial Institution	
Institution Mailing Address	
 _____	_____/_____/_____ Date (MM/DD/YYYY)
<i>Signature of Institution Representative</i>	

I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred. I understand that the balance I receive directly is subject to 20 percent federal withholding and, unless I specify NO state income tax is to be withheld, 6 percent California state income tax will be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES.

Direct Receipt By Former Spouse

Federal Income Tax YES

CA State Income Tax YES NO

Transferred to IRA or Eligible Employer Plan

Federal Income Tax NO

CA State Income Tax NO


Rollover of DBS Post-Tax Contributions

I elect a direct trustee-to-trustee transfer of DBS post-tax contributions to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

TRADITIONAL IRA

ELIGIBLE EMPLOYER PLAN

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

Financial Institution Information (to be filled out by Institution Representative):	
Account Number	Telephone Number
Name of the Financial Institution	
Institution Mailing Address	
I understand that this is a direct transfer of post-tax contributions and this institution agrees to accept this transfer.	
 _____	_____/_____/_____ Date (MM/DD/YYYY)
<i>Signature of Institution Representative</i>	

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

Section C: Signature

I hereby apply for a refund of my account(s) in the California State Teachers' Retirement System. I fully understand that the mailing of my initial refund check terminates all existing service credit and all rights and benefits to which I was entitled prior thereto. Further, I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.



APPLICANT'S SIGNATURE

/ /

Date (MM/DD/YYYY)

**See Mailing Instructions.
Retain a copy for your records.**