

Your Retirement Guide 2010

Retirement Guide and Instructions for Defined Benefit Members



This booklet contains information and forms for a CalSTRS Defined Benefit service retirement. If you think you may be eligible for a disability benefit, see the brochure, *Introduction to CalSTRS Disability Benefits*. If you are applying for a disability benefit and wish to apply to receive a service retirement benefit while your application for disability benefits is being evaluated, complete the *Disability Benefits Application*, available in *Your Disability Benefits Guide*. If you are a Cash Balance Benefit Program participant, complete the appropriate Cash Balance benefit application. You will find forms and publications at CalSTRS.com (select *Forms & Publications* under *Tools*).

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Your CalSTRS Retirement Timeline

Like other important events in your life, applying for retirement takes time. This timeline of events from the year before your retirement up to your first benefit payment will give you an idea of what to do and when. Your specific timeline, however, may differ.

Prepare for retirement early to avoid delays that may occur during the peak months of April–July.

To schedule a one-on-one meeting with a benefits counselor or register for a workshop, contact one of our local benefits counseling offices (see page 19). Find a current listing of offices at CalSTRS.com/counseling.

What to Do	When
Step 1	
Plan and research your retirement decisions (pages 3–17).	10–12 months before your retirement date.
Attend a CalSTRS Retirement Check-Up Workshop.	
Meet with a CalSTRS benefits counselor.	
Step 2	
Complete, sign, date and submit your <i>Service Retirement Application</i> and other forms (pages 25–66).	<p>CalSTRS must receive your signed and dated <i>Service Retirement Application</i>:</p> <ul style="list-style-type: none"> • No earlier than six months before your requested retirement date. • No later than the last day of the month in which you request to retire.
Step 3	
CalSTRS sends you a letter that includes the amount of your monthly benefit, how your monthly benefit was calculated and the total amount of your contributions and interest (page 23).	<p>Within 45 days of your retirement or the date your application is processed, whichever is later.</p> <p><i>Note: There could be changes in your monthly payment for several months beyond your retirement date as we receive and process additional information from your employer.</i></p>
CalSTRS sends your initial benefit payment (page 23).	

The Benefit of a Lifetime

You are approaching one of life's most important passages—retirement from your working career. Your smooth transition to this new stage of your life requires thoughtful planning. You are not alone in making this move—you can trust CalSTRS to help you every step of the way.

In addition to this guide, we offer workshops and one-on-one appointments with CalSTRS benefits counselors. Taking advantage of these resources will help you make informed retirement decisions. If you have questions, e-mail us at CalSTRS.com/contactus or call 800-228-5453.

Your Retirement Plan

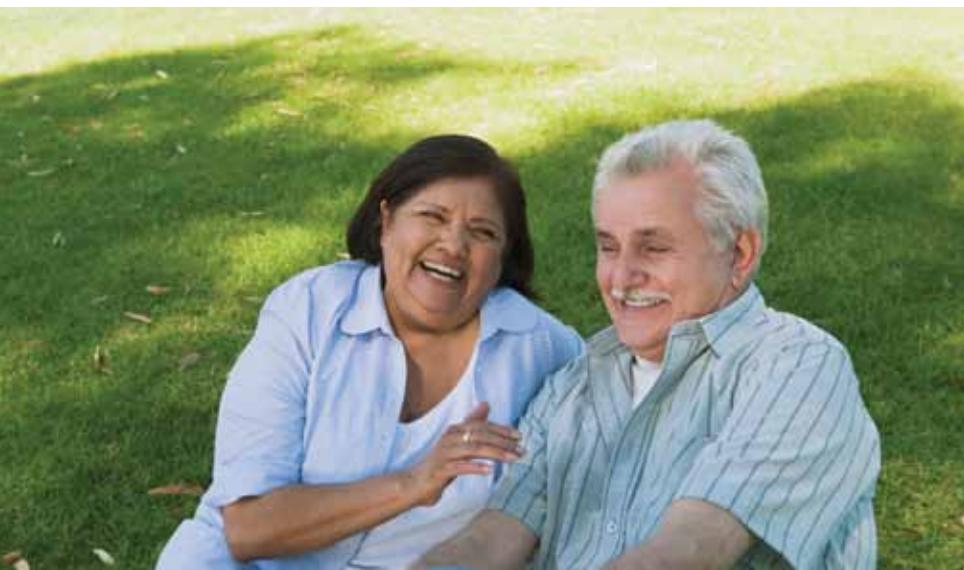
Your retirement plan is a defined benefit program—*defined* because it is based on a formula, not on how much you contributed:

Service Credit x Age Factor x Final Compensation = Your Retirement Benefit

Your monthly retirement benefit is guaranteed for your life and the lives of your beneficiaries, if you choose. It may be your greatest asset.

This booklet is designed to take you through the application process. Inside you will find the *Service Retirement Application* and other forms on tear-out sheets, along with instructions for completing each one. You will also find tips and checklists to help you plan and prepare for your retirement.

We hope this guide is useful as you plan for a future as rewarding as your career.



CalSTRS must receive your retirement application no later than the last day of the month in which you request to retire.



Planning Checklist

To help you plan for your CalSTRS retirement.

- ❑ **Read this guide and see the *Member Handbook*.** You must submit the *Service Retirement Application* to receive a retirement benefit.
- ❑ **Attend a CalSTRS Retirement Check-Up Workshop** and consider attending a Retirement Income Management Workshop. For dates and locations near you, visit CalSTRS.com (select *Counseling/Workshops* under *Tools*).
- ❑ **Talk with a CalSTRS benefits counselor.** See page 5 for information on scheduling an appointment.
- ❑ **Estimate your monthly benefit** using the online calculator at CalSTRS.com/calculators or the benefit estimate worksheet in the *Member Handbook*.
- ❑ **Consider purchasing additional service credit now** to increase your benefit if you did not purchase it earlier in your career. For more information, see the booklet, *Purchase Additional Service Credit*, at CalSTRS.com (select *Forms & Publications* under *Tools*). If you are in the process of purchasing service credit, call us at least 45 days before you plan to retire.
- ❑ **Consider making a preretirement election of an option** to provide a lifetime monthly benefit to one or more individuals if you should die before retirement. The *Preretirement Election of an Option* form is on CalSTRS.com.
- ❑ **Read *Tax Considerations for Rollovers*** before taking any lump-sum payments. Find the brochure online on CalSTRS.com.
- ❑ **Gather clear, unaltered photocopies of the following documents:**
 - If you are electing an option beneficiary:
 - » Birth certificate or other acceptable verifications of birth date, such as a certified birth record or a photocopy of a passport photo page, for your option beneficiary.
 - » Marriage certificate or other proof of a name change, if your option beneficiary's name is different from the name on his or her birth certificate.
 - If a portion of your CalSTRS benefits was awarded to another party:
 - » A complete court-filed copy of your community property settlement documents. For more information, see the *Community Property Guide* at CalSTRS.com.
 - If you elected an option beneficiary before retirement and previously submitted the required documentation, you do not need to resubmit the items in the first two bullets.
- ❑ **Check to see if pending or new legislation may affect your benefits** or influence the timing of your retirement. Sources include your legislative representative, your union representative or CalSTRS.com/legislation.
- ❑ **Notify your employer** that you intend to retire and ask about forms your employer may require. Also let your employer know if you plan to set up a health insurance deduction from your benefit payments.

Step 1: Plan and Research Your Retirement Decisions

With retirement in sight, you have choices to explore and decisions to make before completing your *Service Retirement Application*.

Plan to attend a CalSTRS Retirement Check-Up Workshop, talk with one of our benefits counselors and research information on your own to help you make the best decisions for your retirement.

You can also turn to CalSTRS.com, the *Member Handbook* and your most recent *Retirement Progress Report*.

Your *Retirement Progress Report*, mailed to you each December and available on myCalSTRS at CalSTRS.com, includes your annual statement of accounts and other retirement planning information.

Unfamiliar with a term? See the glossary on page 67.

Questions to Answer

Before making your retirement decisions, you will need to answer these questions:

- Am I eligible to retire?
- How much will my benefit be each month?
- Do I want to provide a monthly benefit to someone after I die?
- Do I want to take part of my retirement benefit as a lump sum?
- How do I want my Defined Benefit Supplement to be paid?

Benefits Counselors

Our benefits counselors can help you plan your CalSTRS retirement by providing retirement estimates and explaining how different choices will affect your benefit. You can talk to a counselor in person, over the phone or at a group workshop.

Prepare for your retirement early. Schedule an appointment with a counselor three to six months before your retirement date. It is easier to schedule an appointment during the nonpeak months of July through March. Appointments are usually scheduled four weeks out.

To schedule an in-person counseling session, contact your local benefits counseling office (see page 19). Schedule a telephone interview by calling 800-228-5453.

Workshops

Sign up for the CalSTRS Retirement Check-Up Workshop at CalSTRS.com/workshops or call 800-228-5453.

Consider attending the Retirement Income Management Workshop to learn how to preserve, protect and manage your income in retirement. This workshop is strictly educational—no specific financial advice or financial products are offered or sold.

Your Retirement Decisions

You will need to make decisions regarding both your Defined Benefit and your Defined Benefit Supplement funds.

Defined Benefit

As a member of CalSTRS, you are entitled to a guaranteed, secure, lifetime retirement benefit. Your retirement benefit is called your defined benefit—*defined* because it is based on a formula, not on your contributions:

Service Credit x Age Factor x Final Compensation = Your Retirement Benefit

Defined Benefit Supplement

If you have performed service under the Defined Benefit Program since 2001, you have a Defined Benefit Supplement account with CalSTRS that has been accumulating contributions and interest.

Your most recent *Retirement Progress Report* includes your annual statement of your Defined Benefit and Defined Benefit Supplement accounts.

Defined Benefit Decisions

AM I ELIGIBLE TO RETIRE?

Your age and service credit are used to determine your eligibility for CalSTRS retirement benefits. You are eligible to retire under the CalSTRS Defined Benefit Program if you are either age 50 and have at least 30 years of service credit, or age 55 and have at least five years of service credit. You can find your CalSTRS service credit on your annual *Retirement Progress Report*.

If you are at least age 55 and eligible to retire from certain other public retirement systems in California, you may retire with fewer than five years of service credit if you retire from both systems at the same time. See page 14 for more information and a list of eligible systems.

To increase your service credit, consider redepositing previously refunded Defined Benefit contributions and interest or purchasing additional service credit.



HOW MUCH WILL MY BENEFIT BE EACH MONTH?

Your benefit is a percent of your final compensation which is determined by multiplying your age factor by your years of service credit. If you did not already receive a benefit estimate from one of our benefits counselors, calculate it by using the *Retirement Benefit Calculator* at CalSTRS.com/calculators or the benefit estimate worksheet in the *Member Handbook*.

The amount of your benefit will also depend on other factors, including deductions.

Retirement Incentives

Check to see if your employer offers a retirement incentive program that may increase your service credit. Ask about application deadlines and retirement dates to qualify. Remember that we must receive your retirement application no later than the last day of the month in which you request to retire.

If your employer offers a retirement incentive through CalSTRS and you qualify, it cannot be included in your benefit calculation until we receive your *Express Benefit Report* form and all required documentation from your last employer. This form is located in the Forms section starting on page 25.

If you receive additional service credit under the CalSTRS Retirement Incentive Program, you will lose the additional service credit if you return to work within five years of retirement for the employer that offered the incentive.

Career Factor

If you retire with at least 30 years of service credit, a bonus of 0.2 percent will be added to your age factor, up to the maximum age factor of 2.4 percent. In addition, when you retire, up to two-tenths of one year of unused sick leave can count toward qualifying for the career factor. Neither service credit from a retirement incentive program nor the purchase of nonqualified service credit can be used to qualify for the career factor.

Longevity Bonus

If you have at least 30 years of service credit on or before December 31, 2010, you may be eligible for a longevity bonus which adds a set dollar amount to your monthly retirement benefit. If you are retiring with an option beneficiary, your bonus will be reduced.

You do *not* have to retire on or before December 31, 2010, to qualify for the longevity bonus, but you must have earned at least 30 years of service credit before this date. If you are close to earning 30 years of service credit, contact CalSTRS to discuss your options. The longevity bonus will not be available if you will have earned 30 years of service credit after December 31, 2010.

If you have at least 30 years of service credit on or before December 31, 2010, CalSTRS will automatically apply the longevity bonus to your retirement benefit. The amount of the bonus will be based on your total years of qualifying service credit at retirement:

Service Credit	Longevity Bonus
30 years	\$200
31 years	\$300
32 or more years	\$400

If you have an option beneficiary, your option factor will be applied to your Member-Only Benefit after the longevity bonus is added:

$$(\text{Your Member-Only Benefit} + \text{Longevity Bonus}) \times \text{Option Factor} = \text{Your Modified Benefit}$$

Up to two-tenths of one year of unused sick leave can count toward qualifying for the longevity bonus. However, unused sick leave is only reported to CalSTRS by your last employer at retirement.

If you need to use sick leave to qualify for the longevity bonus, you must retire by December 31, 2010.

If you do not think you will have earned 30 years of service credit by December 31, 2010, you may be eligible to purchase certain types of service credit to get you there.

IMPORTANT

NOTE

The two types of purchased service credit that count toward qualifying for the bonus are:

- Redeposits of previously refunded contributions and interest. This is service credit you lost if you left public school employment, took a refund and then returned to CalSTRS membership.
- Permissive service, including part-time or substitute service in the California public school system before becoming a CalSTRS member, maternity or paternity leave, employer-approved sabbatical leave, out-of-state or foreign school service, and leave approved under the Family and Medical Leave Act.

If you plan to purchase additional service credit just before retirement, you must complete payment for the service credit before the effective date of your retirement.

If you are purchasing or redepositing service credit that will be used to qualify for the longevity bonus and you are paying for your purchase through monthly installment payments, your purchase will be prorated as of December 31, 2010, and you will receive service credit based on the amount of the contributions you have paid. If your prorated service brings your years of service credit to 30 as of December 31, 2010, you will receive the longevity bonus when you retire.

If you are making a purchase or redeposit with a lump sum, including rolled-over funds, CalSTRS must receive your payment by December 31, 2010, if the service credit will be used to qualify for the longevity bonus.

The purchase of nonqualified service, also called “air time,” does not count toward qualifying for the longevity bonus. In addition, service credit from a retirement incentive cannot be used to qualify for the longevity bonus.



Mid-Year Retirement

If you have at least 25 years of service credit and you retire before the school year is over, state law requires CalSTRS to use the current school year and the last school year to calculate your final year’s earnings, unless you have higher compensation in an earlier period.

For example, if you earned \$57,000 last year and would have earned \$60,000 this year, your final compensation calculation for a January 1 retirement date would be:

$\$57,000 \div 12 = \$4,750 \times 6 \text{ months} =$	$\$28,500$
$\$60,000 \div 12 = \$5,000 \times 6 \text{ months} =$	$\$30,000$
	<hr/>
	$\$58,500$
$\$58,500 \div 12 =$	$\$4,875$

Your final compensation for your last year would be \$4,875.

The process of averaging for mid-year retirees often results in a final compensation that is lower than expected. Taking on additional assignments at a lower pay rate may also reduce your final compensation if you choose a mid-year retirement. This is because your annual compensation is prorated to your retirement date and is an average of the various pay rates you receive during that period.

DO I WANT TO PROVIDE A MONTHLY BENEFIT TO SOMEONE AFTER I DIE?

You can choose to provide a lifetime monthly benefit to someone after you die in exchange for a reduced retirement benefit. Your option beneficiary must be a living person or persons—your beneficiary cannot be an estate, charity, trust or other entity. This lifetime monthly benefit is separate from the one-time death benefit (see page 10).

Member-Only Benefit

If you do *not* want to provide a monthly benefit to someone after you die, check the *Member-Only Benefit* box on your *Service Retirement Application*. You will receive your full retirement benefit. This is the highest monthly benefit possible, and it will continue throughout your lifetime. Benefits will stop when you die. Any contributions and interest remaining in your account at the time of your death will be paid to your one-time death benefit recipients.

Modified Benefit

To provide a monthly benefit to someone after you die, check the *Modified Benefit* box on your *Service Retirement Application*. You will need to choose an option and designate one or more option beneficiaries.

Choosing an option will reduce your monthly benefit for as long as you and your beneficiary are still living. The amount of the reduction depends on the option you choose, your age and the age of your beneficiaries. You can decide to provide a monthly benefit for one beneficiary by electing the 100% Beneficiary Option, the 75% Beneficiary Option or the 50% Beneficiary Option. You may also elect the Compound Option to provide for one or more option beneficiaries.

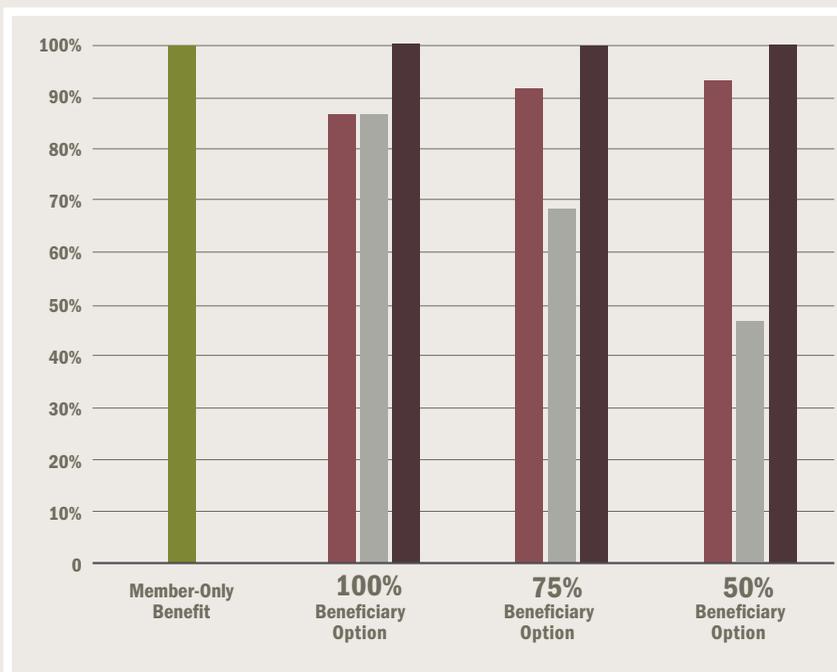
If you elect the Compound Option, you must submit the *Compound Option Election* form along with your *Service Retirement Application*. The form is included in the Forms section.

You may be required to verify your birth date as well as the birth dates of your option beneficiaries.

To learn how each option would affect your retirement benefit, make an appointment with a benefits counselor or use the *Retirement Benefit Calculator* at CalSTRS.com/calculators.

Once you retire, you cannot change your option election except under limited circumstances. See the *Member Handbook* for details.

Comparing the Defined Benefit Options



This chart compares the Defined Benefit options. The examples show reduced retirement benefits for a member, age 60, who designates an option beneficiary, age 57. To find out how each option would affect your retirement benefit, use the *Retirement Benefit Calculator* at CalSTRS.com/calculators or make an appointment with a benefits counselor.

Member-Only Benefit

Member's benefit if no option beneficiary elected

Modified Benefit

Member's benefit when member and option beneficiary are living at retirement

Option beneficiary's benefit when member dies

Member's benefit if option beneficiary dies after member retires

Option Descriptions

You can choose one of four options:

100% Beneficiary Option provides your option beneficiary with 100 percent of the amount you were receiving.

75% Beneficiary Option provides your option beneficiary with 75 percent of the amount you were receiving.

50% Beneficiary Option provides your option beneficiary with 50 percent of the amount you were receiving.

For the 100%, 75% and 50% Beneficiary Options, your benefit will increase to the Member-Only Benefit if your option beneficiary dies before you.

The **Compound Option** provides three choices. If your beneficiary dies before you, your benefit will be adjusted accordingly. You may:

- Name one option beneficiary and keep a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each and keep a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each, and *not* keep any of your benefit as a Member-Only Benefit.

Nonspouse Option Beneficiary

If you name someone other than your spouse or a former spouse as your option beneficiary, the type of option you may elect depends on your age and the age of your option beneficiary:

- Under the 75% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 19 years younger than you.
- Under the Compound Option, your nonspouse beneficiaries cannot be either:
 - » More than exactly 19 years younger than you under the 75% Beneficiary Option, or
 - » More than exactly 10 years younger than you under the 100% Beneficiary Option.

These federal age restrictions also apply to registered domestic partners and spouses of the same gender.

Preretirement Election of an Option

To provide your survivors with a lifetime monthly benefit if you should die before your retirement date, you must be eligible to retire and complete the *Preretirement Election of an Option* form. The form is available at CalSTRS.com. You can also use the form to make changes to your preretirement election of an option. If you file a preretirement election of an option, it will not become effective until your retirement date. If you die before retirement, your beneficiaries will receive a lifetime monthly benefit based on the reduced benefit you would have been paid if you had retired on the date of your death.

If you cancel or change your preretirement election of an option before you retire, your monthly retirement benefit may be reduced for your lifetime. In addition, if your beneficiary dies before you retire, your monthly retirement benefit may be reduced for your lifetime. If you have questions, contact us or talk to a benefits counselor.

IMPORTANT

One-Time Death Benefit

Your lifetime monthly retirement benefit is different from the one-time death benefit. To designate a recipient to receive the one-time death benefit, complete the *Recipient Designation* form (formerly the *One-Time Death Benefit Recipient* form), available in the Forms section. Recipients can be living persons or an estate, trust, charity or other entity.

If you are an active member at the time of your death, your one-time death benefit recipients will receive the balance in your Defined Benefit Supplement account. If you do not elect an option beneficiary to receive a lifetime monthly retirement benefit, your one-time death benefit recipients will also receive your contributions and interest in your Defined Benefit account.

DO I WANT TO TAKE PART OF MY RETIREMENT BENEFIT AS A LUMP SUM?

If you are eligible when you retire, you may choose to receive a portion of your Defined Benefit retirement benefit as a lump sum in exchange for a reduced lifetime monthly benefit.

If you are taking a partial lump sum of your Defined Benefit retirement, complete and return the *Partial Lump-Sum Election* form with your *Service Retirement Application*.

Your partial lump-sum payment will be calculated based on information received as of the date of your retirement. You can have your partial lump sum paid to you or rolled over to a qualified plan, such as a 403(b) account or an IRA.

NOTE

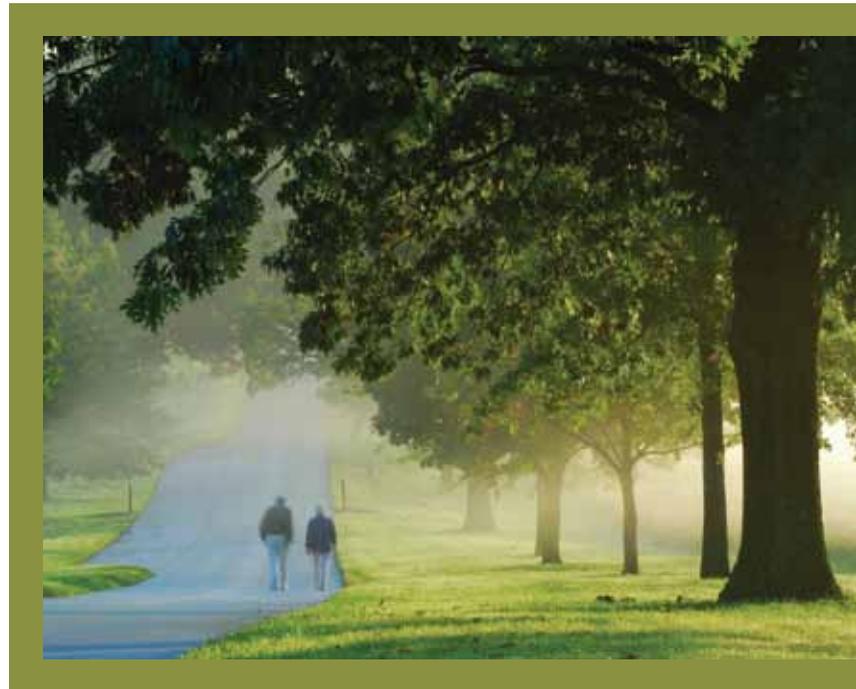
You can only choose a partial lump sum if you retire on or before December 31, 2010.

If you choose a partial lump sum, your monthly benefit will be permanently reduced. You cannot change your decision after your retirement date.

Your age, earnings and years of service credit at retirement will determine the amount your monthly benefit will be reduced by taking a partial lump-sum payment.

Use the online *Retirement Benefit Calculator* at CalSTRS.com/calculators to estimate partial lump-sum payments and how each would affect your monthly benefit. If you are applying for service retirement while your disability application is being evaluated, you are not eligible to receive a partial lump sum.

The table below provides examples of the maximum partial lump-sum payments based on age, salary and years of service credit at retirement.



RECEIVE RETIREMENT BENEFITS PENDING AN EVALUATION OF YOUR DISABILITY BENEFITS APPLICATION

If you are eligible to retire and you are applying for disability benefits, you may receive retirement benefits pending an evaluation of your *Disability Benefits Application*.

Learn more in *Introduction to CalSTRS Disability Benefits*, available at CalSTRS.com. You will find the *Disability Benefits Application* in *Your Disability Benefits Guide*.

Partial Lump-Sum Payment Examples

Yearly Salary	Retirement Age	Service Credit	Maximum Partial Lump-Sum	Member-Only Monthly Benefit Without Partial Lump-Sum	Member-Only Monthly Benefit With a Maximum Partial Lump-Sum
\$40,000	61	25	\$16,143	\$1,778	\$1,667
\$50,000	63	30	\$67,370	\$3,200	\$2,720
\$60,000	59	35	\$81,328	\$4,040	\$3,500
\$70,000	61	30	\$93,571	\$4,283	\$3,640

Defined Benefit Supplement Decisions

HOW DO I WANT MY DEFINED BENEFIT SUPPLEMENT TO BE PAID?

If you have performed service in the Defined Benefit Program since 2001, you have a Defined Benefit Supplement account that has been accumulating contributions and interest. Your most recent *Retirement Progress Report* shows your Defined Benefit Supplement balance at the end of the last school year.

If you have less than \$3,500 in your Defined Benefit Supplement account when you retire, you will receive the account balance as a lump-sum payment. Your lump-sum payment may be paid directly to you or rolled over to a qualified plan.

If you have \$3,500 or more in your Defined Benefit Supplement account, you have more choices for receiving these funds. These choices depend on whether you decide to take a Member-Only Benefit or elect an option.

The Defined Benefit Supplement Annuity Estimate table at CalSTRS.com/calculators provides an estimate for each type of annuity based on various account balances and ages at retirement.

Your Defined Benefit Supplement Beneficiary

Your Defined Benefit Supplement annuity beneficiary is the same person or persons you designate as your Defined Benefit option beneficiary, and the same age restrictions apply. If you elect the Compound Option for your Defined Benefit retirement benefit, you may elect to receive your Defined Benefit Supplement as any of the annuities listed here. The annuity you elect will be the same for each of your beneficiaries, and the apportionment of the benefit will be the same as you elect for your Defined Benefit monthly benefit.

Defined Benefit Supplement Payment Choices

With a Defined Benefit Supplement account balance of \$3,500 or more, you have three payment choices:

1. Lump-Sum Payment

This is a one-time payment of the total amount in your Defined Benefit Supplement account as either a direct payment or a rollover to a qualified plan.



REDUCED BENEFIT ELECTION

If you are at least age 55, but under age 60, and have at least five years of service credit, you can apply for retirement under the Reduced Benefit Election (Limited-Term Reduction Program). You will receive one-half of your monthly retirement benefit calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, you will receive your normal retirement benefit.

If you want the Reduced Benefit Election, submit the *Reduced Benefit Election* form with your *Service Retirement Application*. The form, available in the Forms section, includes an example to help determine if this option is right for you.

2. Annuity Payments

You can elect to receive your Defined Benefit Supplement funds through a series of monthly payments by electing either a period-certain or a lifetime annuity.

The **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10. The monthly amount you receive is based on the number of years over which the annuity is paid—the lower the number of years, the higher the amount you receive. If you should die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipient. A period-certain annuity of three to nine years may be rolled into a qualified plan as a pretax contribution. A period-certain annuity of 10 years must be paid directly to you.

The **Lifetime Monthly Annuity** provides a monthly payment for your lifetime (if you elect the Member-Only Benefit for your Defined Benefit account) or your lifetime and the lifetime of your beneficiaries (if you elect the Modified Benefit for your Defined Benefit account). Lifetime annuities must be paid directly to you and cannot be rolled over to a qualified plan.

- **If you elect the Member-Only Benefit** for your Defined Benefit account and would like to receive lifetime monthly payments, you must elect the **Member-Only Annuity**. Any balance remaining upon your death will be paid to your one-time death benefit recipient.
- **If you elect a Modified Benefit** for your Defined Benefit account and would like to receive lifetime monthly payments, you must elect a beneficiary annuity. The amount of your monthly annuity payment depends on the percentage of your payment that you choose to have paid to your beneficiaries upon your death:
 - » **100% Beneficiary Annuity.** All of your monthly annuity will be paid to your beneficiaries upon your death.
 - » **75% Beneficiary Annuity.** Seventy-five percent of your monthly annuity will be paid to your beneficiaries upon your death.
 - » **50% Beneficiary Annuity.** Fifty percent of your monthly annuity will be paid to your beneficiaries upon your death.

3. Combination Lump-Sum and Annuity Payment

You can receive a portion of your Defined Benefit Supplement account as a lump-sum payment and the remaining balance as an annuity. To elect this choice, you must have \$3,500 or more remaining in your Defined Benefit Supplement account after your lump-sum payment is made. If you choose a Combination Lump-Sum and Annuity, you will choose the amount of your lump-sum payment and one of the annuities.

Your Defined Benefit Supplement beneficiary is the same person you elected as your Defined Benefit option beneficiary.

OTHER CONSIDERATIONS

Community Property Settlements

If you divorced or legally separated or terminated your registered domestic partnership while a CalSTRS member, your benefits may be subject to a community property settlement. When a court order specifically requires your benefits to be divided, CalSTRS must review:

- A complete court-filed copy of your final court judgment of dissolution, legal separation or termination of domestic partnership.
- A full copy of any settlement agreement, including exhibits and attachments.

If your documents have not been reviewed by CalSTRS, you may be asked to provide them.

For more information, see the *Community Property Guide* at CalSTRS.com.

Retiring From Another California Public Retirement System

If you are also a member of another public retirement system in California, you must file for retirement separately with each system.

For some systems, if you retire from CalSTRS and the other system concurrently, your benefits may be based on the highest salary earned under all systems as long as you do not work under CalSTRS or another system between the dates you retire from each system.

The highest salary you earned under CalSTRS-covered employment will be used to calculate your CalSTRS retirement benefit if you work under CalSTRS-covered employment and another public retirement system in the same pay period during the period of service used to calculate your final compensation. Even if you earned a higher salary under the other retirement system, if you are still working in CalSTRS-covered employment during your final compensation period, we will use only your CalSTRS salary to determine your final compensation.

The other public retirement systems in California are:

- California Public Employees' Retirement System
- University of California Retirement System
- San Francisco Employees' Retirement System
- Legislators' Retirement System
- The following California county retirement systems enacted under the County Employees Retirement Law of 1937:

Alameda	Sacramento
Contra Costa	San Bernardino
Fresno	San Diego
Imperial	San Joaquin
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Sonoma
Mendocino	Stanislaus
Merced	Tulare
Orange	Ventura

Ask a CalSTRS benefits counselor if you are eligible for a concurrent retirement. For more information, see "Retiring From More Than One Public Retirement System" in section 6 of the *Member Handbook*.

CalSTRS Medicare Premium Payment Program

You may be eligible for the CalSTRS Medicare Premium Payment Program when you turn 65.

If you are under age 65 when you retire, we will mail you a packet of information about the Medicare Premium Payment Program approximately three months before your 65th birthday. If you will be 65 years of age or older when you retire, we will send you an information packet the month after you retire. You may also request an information packet at CalSTRS.com or by calling us.

Medicare A Premium Payment

If you are not eligible for premium-free Medicare Part A (hospital), you may qualify for the CalSTRS Medicare Premium Payment Program. Under this program, we will pay your Medicare Part A premiums if you meet all of these requirements:

- Retire before July 1, 2012, and are receiving a monthly CalSTRS retirement benefit.
- Are not eligible for premium-free Medicare Part A.
- Have enrolled in both Medicare Part A (hospital) and Part B (medical).
- Retire from an employer that has completed or is conducting a Medicare Division.

If you retire after December 31, 2000, and before July 1, 2012, you must retire from an employer that has completed or is in the process of completing a Medicare Division to be eligible for the CalSTRS Medicare Premium Payment Program. Specifically, you must retire during or after the actual 10-day period during which members have the opportunity to elect Medicare coverage. Further, if you were under age 58 at the time of the election held after January 1, 2001, you must have elected to be covered by Medicare. Check with your employer to determine if your employer has conducted a Medicare Division.

Health Insurance Premium Deductions

CalSTRS does not provide health or dental insurance coverage for members. However, state law requires, at a minimum, that school districts offer retiring CalSTRS members the option to

continue their medical and dental insurance at their own cost. Your health insurance premiums may be partially or fully paid by your school district after retirement, depending on collective bargaining. Benefits vary from district to district.

We can deduct health premiums from your monthly retirement benefit and forward them to your health insurance carrier, if your carrier has an agreement with us. If you are interested in a health insurance deduction, contact your employer's human resources department. We will set up a deduction for you after we receive the appropriate paperwork from your insurance carrier.

Dues Deductions

A number of associations, including the California Retired Teachers Association, California Teachers Association and Association of California School Administrators, have arranged to have dues deducted from CalSTRS retirement payments.

If you are interested in having your dues deducted from your payments, contact the association (see listing on page 18). We will set up a deduction if the association has an agreement with us and after we receive the appropriate paperwork from the association.



RETIREMENT
SOLUTIONS

Social Security, CalSTRS and You

As a CalSTRS member, you do not pay Social Security payroll taxes for CalSTRS-covered service, so you do not earn Social Security benefits for your CalSTRS-covered service. Many CalSTRS members, however, are eligible for Social Security benefits from other employment covered by Social Security or their spouse's employment. If you receive Social Security benefits, they may be reduced by the Windfall Elimination Provision or the Government Pension Offset of Social Security law. These federal rules reflect the fact that you did not pay Social Security payroll taxes on your career earnings.

Your CalSTRS retirement benefit will not be reduced because of these provisions in Social Security law.

There are exceptions and limitations to the Windfall Elimination Provision and the Government Pension Offset. If you think you may be subject to these reductions, contact a Social Security representative at 800-772-1213. Visit www.socialsecurity.gov to view or download publications on the Windfall Elimination Provision and the Government Pension Offset. You will also find a calculator for the Windfall Elimination Provision and the Government Pension Offset online. More information is available at CalSTRS.com (select *Members*, then *Social Security, CalSTRS and You*).

Working After Retirement

Your only restriction on working after service retirement is within the California public school system. State law prohibits retired members from working in a classified position except, under certain circumstances, as a teacher's aide.

The law restricts the amount you can earn without affecting your CalSTRS retirement benefit if you work in a CalSTRS-covered position as an employee of a public school district, an independent contractor, or an employee of a third party.

If you received additional service credit under the CalSTRS Retirement Incentive Program, you will lose the additional service credit if you return to work within five years of retirement for the employer that offered the incentive.

Separation From Service Requirement

Federal law prohibits pension plans from distributing benefits before either the normal retirement age or a separation from service. To ensure that separation from service has occurred, if you are under age 60, your CalSTRS retirement benefit will be reduced by the amount that you earn in CalSTRS-covered employment for six months immediately following your retirement effective date or until your 60th birthday, whichever is sooner. The requirement for this deduction begins July 1, 2010, regardless of your retirement effective date. There are no exemptions from this requirement.

Earnings Limit

If you return to work in a CalSTRS-covered position, there is a limit to the amount you can earn in a school year without affecting your benefit. Your CalSTRS benefit will be reduced dollar for dollar by the amount of creditable earnings from public school employment in excess of the earnings limit.

If you are under age 60 and do not have a separation from service, the compensation earned will apply to the earnings limit. The Teachers' Retirement Board adjusts the earnings limit annually. The earnings limit for the 2010-11 school year is \$31,020.

Exemptions from the Earnings Limit

You may qualify for an earnings limit exemption under certain circumstances. Contact your employer if you believe you qualify. If you are under age 60, however, there are no exemptions from the separation from service requirement.

In most cases, your employer must submit documentation to substantiate your eligibility for an exemption by June 30 of the applicable school year. It is your responsibility to contact your employer to verify that the required documentation has been submitted.

CalSTRS has the final authority to approve an exemption request. Keep in mind you are subject to the earnings limit unless CalSTRS approves your exemption request. Visit CalSTRS.com or see the *Member Handbook* for more information.

Reinstatement After Retirement

You may voluntarily terminate your retirement and reinstate to active membership any time after the date of your retirement by submitting the *Reinstatement After Retirement* form.

If you wish to reinstate, we must receive your signed *Reinstatement After Retirement* form no later than the last day of the month you reinstate. For example, if you want your retirement to end as of July 15, 2010, your form must be received no later than July 31, 2010.

You can apply for your subsequent retirement as early as six months before your next retirement date.

If you decide to remain retired, you may cancel your reinstatement application as long as we receive your request by the last day of the month in which your termination of retirement was to become effective. Otherwise, you will not be able to retire again for 12 months from reinstatement.

To learn how reinstatement could affect your future retirement benefits, meet with a benefits counselor. You will also find more information in the *Member Handbook*.



CalSTRS is here for you.

Retired Educator Organizations

Organizations for retirees have been involved in legislation affecting retired educators and provide other services to their members. Contact information for a number of organizations is provided as a courtesy and not as an endorsement.

Association of California School Administrators

1029 J Street, Suite 500
Sacramento, CA 95814
800-608-2272
acsa.org

Association of Retired Teachers

P.O. Box 57438
Sherman Oaks, CA 91413
323-666-0544
(for Los Angeles Unified School District educators)

California Federation of Teachers

Administrative Office
2550 North Hollywood Way, Suite 400
Burbank, CA 91505
818-843-8226
cft.org

California Retired Teachers Association

800 Howe Avenue, Suite 370
Sacramento, CA 95825
800-523-2782
calrta.org

California Teachers Association/National Education Association–Retired

P.O. Box 921
Burlingame, CA 94011-0921
650-697-1400
cta.org

Faculty Association of California Community Colleges

1823 11th Street
Sacramento, CA 95811
916-447-8555
facc.org

United Educators of San Francisco–Retired Division

2310 Mason Street
San Francisco, CA 94133
415-956-8373
uesf.org

United Teachers Los Angeles–Retired

3303 Wilshire Boulevard, 10th Floor
Los Angeles, CA 90010
213-487-5560
800-556-8852
utla.net

Benefit of a Lifetime



CalSTRS Benefits Counseling Offices

In-Person Counseling Services	Appointment Scheduling	Hours of Operation
Auburn	530-886-2012	M-F 8-5
Bakersfield	661-636-4880	M-F 8-5
Camarillo	805-383-1995	M-F 7:30-5
Colton Apple Valley, Indio, Murrieta, Rancho Cucamonga, Riverside	909-777-0999	M-F 8-4:30
Costa Mesa Anaheim, Fountain Valley, Fullerton, Garden Grove, Laguna Hills, Los Alamitos	714-966-4251	M-F 10-4
Dublin	925-828-2551 ext. 5465	M-F 9-3
Fairfield	707-399-4430	M-F 8-5
Foster City	650-312-7712	M-F 8-5
Fresno	559-497-3797	M-F 8-4:30
Los Angeles Antelope Valley, Downey, Los Angeles (downtown), Reseda	562-922-6838	M-Th 8-5 F 8-4:30
Marysville	530-749-4900	M-F 8:30-5
Modesto	209-238-1614	M 8-2:30 T 8-4:30 W, TH 8-12
Pleasant Hill	925-942-5375	M-F 7-5
Rancho Cordova	916-861-0519	M-F 8-4:30
Redding	530-225-0203	M-F 8-5
Sacramento West Sacramento	800-228-5453	M-F 7-6
Salinas	831-784-4195	M-F 7:30-5
San Diego	619-718-6783	M-F 8-5
San Francisco	415-241-6101	M-F 11-4
San Jose	408-535-6171	M-F 8-4:30
Santa Barbara Santa Maria	805-928-0542	M-F 8:30-4:30
Santa Cruz	831-466-5750	M-F 8-5
Santa Rosa	707-524-2627	M-F 8-5
Stockton	209-468-4864	MWF 7:30-5 T, TH 7:30-4:30
Visalia	559-733-6760	M-F 8-5



All offices accept CalSTRS applications and forms.
 For a current listing of offices, visit CalSTRS.com/counseling.
 Call each office for its summer schedule hours.

Application Checklist

Before you submit your signed and dated *Service Retirement Application* and any other forms, use this checklist to make sure you included everything. Failing to sign and date your forms and provide the required information will delay the processing of your application.

- Complete all applicable sections** on forms, including signatures and dates.
- Include your Client ID or your Social Security number** on any documents you submit to CalSTRS. Your Client ID can be found on your *Retirement Progress Report*.
- Secure your retirement date.** CalSTRS must receive your application no later than the last day of the month in which you request to retire.
- Include clear, unaltered photocopies** of any documentation—do not send originals.
- Have your spouse or registered domestic partner sign and date** the appropriate forms or include the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, if he or she is unable to sign.
- Sign and date** your *Service Retirement Application* and other forms.
- Keep a copy** of all completed forms for your records.
- Inform your employer of your retirement date.** Complete section A of the *Express Benefit Report* form, then give the form to your employer to complete the Employer sections.
- Submit your signed and dated** *Service Retirement Application* and other forms:
 - Hand Delivery**
Hand deliver to a benefits counseling office. See page 19, or go to CalSTRS.com/counseling for a current listing.
 - Mailing Address**
CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275
 - Overnight Delivery**
If you are using a special service such as UPS or FedEx:
CalSTRS
100 Waterfront Place
West Sacramento, CA 95605
 - Fax Numbers**
916-414-5964 or
916-414-5965

To make changes after you have submitted your retirement application, complete the *Retirement Application Change Request* form, available at CalSTRS.com. CalSTRS must receive this form no later than the last day of the month in which you are requesting to retire.

Step 2:

Complete and Submit Your Forms

When you are ready to complete your *Service Retirement Application* and other forms, carefully read and follow the instructions for each form to avoid any processing delays. All the forms you need to retire are included in this booklet. You can also find them at CalSTRS.com or call us to have the forms mailed to you.

Instructions Overview

When completing your forms, be sure to:

- ❑ Carefully read the instructions.
- ❑ Make photocopies of the forms beforehand in case you need to start over. You can also download and print new forms from CalSTRS.com (select *Forms & Publications* under *Tools*). If you need to make a correction, draw a line through the error and make your correction, then write your initials next to the change, or use a new form.
- ❑ Print clearly in blue or black ink or type all information requested. Do not use pencil, erasable ink or light-colored ink.
- ❑ Remember to sign and date your *Service Retirement Application* and other forms. For forms to be legally accepted by CalSTRS, you and your spouse or registered domestic partner must sign and date all forms where indicated. If your spouse or registered domestic partner cannot sign the forms, complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form. This form may require supporting documentation.
- ❑ Keep a copy of each completed form you submit to CalSTRS for your records.

CalSTRS must receive your *Service Retirement Application* no earlier than six months before your requested retirement date and no later than the last day of the month in which you are requesting to retire.

Forms Included in this Guide

The Forms section includes eight forms. Read through the list below to determine which forms are specific to your needs, or go directly to the form for more information. We have included check boxes to help you keep track of the forms you may need. Your retirement may be delayed if you do not complete, sign and date your forms or provide the required information.

REQUIRED

Form Name	Purpose	Why Use This Form
<input type="checkbox"/> Service Retirement Application	To apply for retirement if you are a Defined Benefit member.	Required for a Defined Benefit retirement. Includes the application for your Defined Benefit Supplement.
<input type="checkbox"/> Express Benefit Report	To have your employer verify your employment termination date and last day of paid employment, and report unused sick leave.	Speeds up the determination of your final benefit amount. Do not delay submitting your <i>Service Retirement Application</i> if your employer does not return your form in time.

RECOMMENDED

Form Name	Purpose	Why Use This Form
<input type="checkbox"/> Direct Deposit Authorization	To send your retirement benefit directly to your financial institution.	Provides a convenient and safe way to receive your benefit check.
<input type="checkbox"/> Recipient Designation	To designate a living person or persons, or an estate, trust, charity or other entity to receive a lump-sum death benefit.	Confirms your death benefit wishes are recorded at CalSTRS and avoids probate for this benefit after your death.

SPECIAL CIRCUMSTANCES

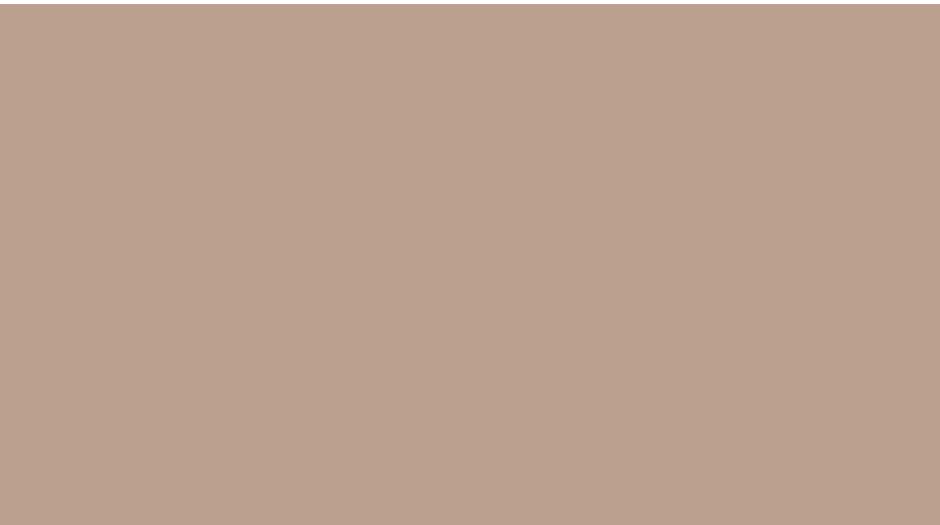
Form Name	Purpose	Why Use This Form
<input type="checkbox"/> Partial Lump-Sum Election	To elect a partial lump sum of your Defined Benefit retirement benefit.	Partial lump-sum payments are available only for service retirements with effective dates on or before December 31, 2010.
<input type="checkbox"/> Justification for Non-Signature of Spouse or Registered Domestic Partner	To explain why there is no signature from your spouse or registered domestic partner on forms that require the signature.	If you are married or registered as a domestic partner and your spouse or registered domestic partner is unable to sign forms where required.
<input type="checkbox"/> Compound Option Election <i>(This is the only option that requires a special form.)</i>	To designate one or more option beneficiaries—must be a living person—with an option choice for each and, if you choose, retain a portion of your benefit as a Member-Only Benefit.	When you want to elect the Compound Option and are submitting a <i>Service Retirement Application</i> for the first time.
<input type="checkbox"/> Reduced Benefit Election	To elect the Reduced Benefit Election—you must be at least 55 but under 60.	Receive one-half of your monthly benefit calculated as if you were 60 for the same number of months after age 60 that you received before 60. After that, receive your normal benefit.

Step 3: CalSTRS Role in Your Retirement Process

You are nearing your retirement date and have submitted your *Service Retirement Application* and other forms to CalSTRS. Below is a brief description of what happens next. If you submit your application between April 1 and July 31, processing times will be longer than during nonpeak months.

After you submit your <i>Service Retirement Application</i> , CalSTRS...	When
Reviews your packet for all necessary information.	Within 30 days of receiving your application packet.
Sends a letter to you, acknowledging receipt of your application.	Within three weeks of processing your application.
May request additional information from you or your former employer, including any court-ordered community property documents. The <i>Express Benefit Report</i> form can decrease the need to request additional information from you or your employer.	Anytime during the application process.
Sends a letter that includes: <ul style="list-style-type: none"> • How your monthly benefit was calculated. • The amount of your monthly benefit. • The total amount of your contributions and interest as of your effective date of retirement. 	Within one month of your retirement date.
Sends your <i>first</i> benefit payment based on the information on file at the time of retirement.	Within 45 days of your retirement effective date or the date we receive your retirement application and all applicable forms, whichever is later.
Sends your requested Defined Benefit Supplement payment based on the information on file at the time of your retirement, if you requested one.	Within 45 days of your retirement effective date or the date we receive your retirement application and all applicable forms, whichever is later.
Sends adjustment letters. <ul style="list-style-type: none"> • Your benefit payment generally is adjusted over several months as additional employment information is received from your employer. • Reconciliation of underpayments or overpayments will be made during this period. • Save your most recent adjustment letter to determine your tax liability. 	After your retirement date.
Provides an annual benefit adjustment equal to 2 percent of your initial benefit. These adjustments are not compounded or based on inflation.	September 1 of each year, beginning after the first anniversary of your retirement. The automatic adjustment will be reflected in your October 1 payment.

Check CalSTRS.com for current forms if you will be retiring in 2011 or later.



Forms



Look for these icons when completing your forms:



Fill additional form



Signature



Provide a copy

All the forms you need to apply for your CalSTRS Defined Benefit retirement are included on tear-out sheets in the following order:

REQUIRED:

- *Service Retirement Application*, including a section for your Defined Benefit Supplement
- *Express Benefit Report*

RECOMMENDED:

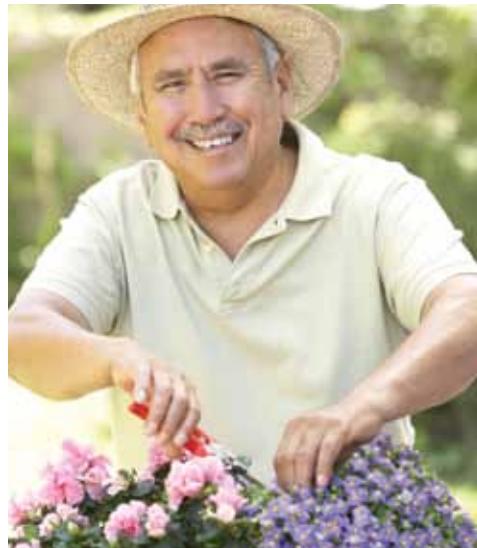
- *Direct Deposit Authorization*
- *Recipient Designation*

SPECIAL CIRCUMSTANCES:

- *Partial Lump-Sum Election*
- *Justification for Non-Signature of Spouse or Registered Domestic Partner*
- *Compound Option Election*
- *Reduced Benefit Election*



To learn more about your retirement decisions, talk with a benefits counselor.



Service Retirement Application Instructions

This application is for Defined Benefit members who are retiring. If you are applying for a disability benefit, complete the *Disability Benefits Application*—you may be eligible to receive a service retirement benefit while your application for disability benefits is being evaluated. If you are a Cash Balance Benefit Program participant, complete the appropriate Cash Balance benefit application, available at CalSTRS.com.

The following information supplements the instructions on the *Service Retirement Application*.

SECTION 1—MEMBER INFORMATION

Include your home and alternate telephone numbers and your e-mail address so we can contact you if we have any questions. Be sure your name on your application matches your name as it appears on your Social Security card. If you know it, include your Client ID instead of your Social Security number. You can find your Client ID on your *Retirement Progress Report*.

SECTION 2—RETIREMENT INFORMATION

Retirement Date: You will be officially retired as of the retirement date you put on your application, subject to the following conditions:

1. The earliest date you can submit your application is six months before your retirement date.
2. CalSTRS must receive your application no later than the last day of the month in which you are requesting to retire.
3. The earliest date you can retire is the day after your last day of work, vacation or authorized leave of absence, whichever is later.

For example, if your last day of work is June 13, you can retire on June 14, even though you will receive a pay check for the month of June. CalSTRS must receive your application by June 30 for a retirement date in June.

4. If you are retiring after reinstating to active service from retirement, you cannot have a retirement date less than one calendar year from the date you reinstated.

Last Date of Paid Employment: Enter the last day you were paid for working. If on a leave of absence, enter the last day you were paid for. This date must be before your retirement date.

Longevity Bonus: If you have at least 30 years of service credit by December 31, 2010, you may be eligible for a longevity bonus. You do not have to retire on or before December 31, 2010, to qualify, but you must have earned at least 30 years of service credit by then.

Mid-Year Retirement: If you have at least 25 years of service credit and you retire before the school year is over, CalSTRS must use the current school year and the last school year to calculate your final year's earnings, unless you have higher compensation in an earlier period. The process of averaging for mid-year retirees often results in a final compensation that is lower than expected. See Step 1 of *Your Retirement Guide* for more information.

Retiring before the end of the school year? Talk to a CalSTRS benefits counselor before retiring mid-year to determine how it could affect your retirement benefit.

Partial Lump-Sum or Reduced Benefit Election

If electing a partial lump sum or the Reduced Benefit Election, check the appropriate box.

Other Public Retirement Systems: See Step 1 of *Your Retirement Guide* for more information.

SECTION 3—YOUR DEFINED BENEFIT

Section 3.1—Defined Benefit Election

Check one box only to elect either the Member-Only Benefit or the Modified Benefit.

Member-Only Benefit

The Member-Only Benefit does not provide a monthly lifetime benefit to anyone when you die after retirement. It is the highest monthly benefit you can receive in retirement.

Modified Benefit

Complete this section if you are electing an option beneficiary or if you completed the *Preretirement Election of an Option* form to provide a monthly benefit to your option beneficiary if you should die before you retire.

Your option beneficiary must be a living person or persons and cannot be a trust, charity, estate or other entity.

You will find descriptions of the options in Step 1 of *Your Retirement Guide* and in the *Member Handbook*. For an estimate of how each option would affect your monthly retirement benefit, talk to a CalSTRS benefits counselor, use the *Retirement Benefit Calculator* at CalSTRS.com/calculators or complete the worksheets in the *Member Handbook*.

The option and option beneficiaries you elect on your application are not effective until your retirement date. To provide for someone if you should die before retirement, see Step 1 of *Your Retirement Guide* for information on the preretirement election of an option.

Beneficiary Information

Enter your beneficiary information if you elect an option other than the Compound Option. Include birth date verification. Acceptable documents include photocopies of birth certificates, driver's licenses, passports and certain military IDs. If you elect the Compound Option, complete your beneficiary information on the *Compound Option Election* form and include the form with your *Service Retirement Application*.

Section 3.2—Defined Benefit Tax Withholding Preferences

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise.

If you do not complete this section, CalSTRS must withhold income tax from all your monthly benefit payments in accordance with the established rate for a married individual claiming three withholding exemptions.

If you do not want tax withholding, return the application with the *Do Not Withhold* box checked. If you want withholding, mark the appropriate box and specify the number of exemptions. You may specify an additional dollar amount to withhold. You may also elect to withhold a flat dollar amount only without specifying exemptions for California state tax.

SECTION 4—YOUR DEFINED BENEFIT SUPPLEMENT

Section 4.1—Defined Benefit Supplement Election

Your Defined Benefit Supplement account balance is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you can choose whether to receive these funds as a lump-sum payment, an annuity payment or a combination lump-sum and annuity payment. Step 1 of *Your Retirement Guide* explains the Defined Benefit Supplement choices available. If your account balance is less than \$3,500, you must take a lump-sum payment.

If you choose to receive your funds as a lump-sum payment, a period-certain annuity of three to nine years, or a combination of the two, enter your payment instructions in section 4.2.

Section 4.2—Defined Benefit Supplement Payment Instructions

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

Complete this section if you chose a lump sum or period-certain annuity of three to nine years for your Defined Benefit Supplement funds. If you chose an annuity payment other than a period-certain annuity of three to nine years, you do not need to complete this section. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefits.

Federal law allows lump-sum payments or period-certain annuity payments of three to nine years to be rolled over into a qualified plan.

If you would like your payment to be paid directly to you, check the *Direct Payment* box. If you would like to roll over your payment to a financial institution, check the *Rollover* box.

NOTE

Rollover of Tax-Deferred Contributions and Interest

The amount of tax-deferred contributions and interest in your Defined Benefit Supplement account is shown on your *Retirement Progress Report*. Your account balance must be \$200 or more to qualify for a rollover to a financial institution. Enter the dollar amount or percentage (from 1% to 100%) that you would like to roll over. For example, if you expect to receive \$4,000 and choose a 50 percent rollover, \$2,000 will be rolled over and \$2,000 will be paid directly to you.

Financial Institution Information

When providing your financial institution information, do not attach transfer documents. Also, do not list "IRA" as the name of your financial institution. We will mail the payment to the financial institution address you provide. It is imperative the

financial institution name, address and account number are correct. If they are not correct, your rollover will be delayed. We are not able to process direct trustee-to-trustee transfers to financial institutions outside the U.S.

Section 4.3—Defined Benefit Supplement Tax Withholding Preferences

Direct Payment: Lump Sum or Period-Certain Annuity of 3 to 9 Years

Federal law allows lump-sum payments or period-certain annuity payments of three to nine years to be rolled over into a qualified plan. If you choose to have payments paid directly to you, CalSTRS must withhold 20 percent for federal taxes. State tax will be automatically withheld at the required rate of 6 percent or you can defer payment of your state tax until you file your tax return by checking the *Do Not Withhold* box.

For more information about rollovers, see *Tax Considerations for Rollovers*, available at CalSTRS.com (select *Forms and Publications* under *Tools*).

Lifetime Monthly Annuity and Period-Certain Annuity of 10 years

If you elected to receive a lifetime annuity or a period-certain annuity of 10 years for your Defined Benefit Supplement funds, you will need to specify your tax withholding preferences. If you do not complete this section, we will withhold income tax from your monthly payments in accordance with the established rate for a married individual claiming three withholding exemptions. If you do not want tax withholding, return the form with the *Do Not Withhold* box checked. If you want tax withholding, mark the appropriate boxes and specify the number of exemptions.

You may specify an additional dollar amount to withhold. You may also elect to withhold a flat dollar amount without specifying exemptions for California state tax.

ADDITIONAL INFORMATION ON TAX WITHHOLDING PREFERENCES

Applies to Sections 3.2 and 4.3

Your tax withholding preferences will remain in effect until you change or cancel them. You can change or cancel your preferences using the new tax withholding feature on *myCalSTRS*. Or complete and submit the *Income Tax Withholding Preference Certificate* form, available at CalSTRS.com.

There may be penalties for not paying enough taxes on your benefits during the year, either through withholding or estimated tax payments.

If you are a U.S. citizen and you do not want federal income tax withheld from your benefit payment, you must give us a home address in the U.S. or U.S. territories. CalSTRS must withhold federal tax if you provide a U.S. address for a nominee, trustee or agent to whom benefits are to be delivered and you do not provide a home address in the U.S. or U.S. territories.

Addresses outside California: Federal law prohibits California from taxing retirement benefits paid to recipients who live outside the state. Therefore, if you reside outside California, we will not withhold state income tax from your benefits. However, if you feel you may still be liable for California state income tax, you may use the *Income Tax Withholding Preference Certificate* form to request us to withhold California income tax from your payments. We cannot withhold income tax for other states.

Addresses outside the U.S.: Federal law requires that federal income tax be withheld from payments delivered outside the U.S. or U.S. territories to U.S. citizens or non-U.S. resident aliens, as well as payments made to U.S. resident aliens.

Withholding Choices: The number of state withholding exemptions you claim may be different from the number of exemptions you claim for federal withholding. To help determine the appropriate number of exemptions, see the allowance worksheets on the state withholding certificate DE-4P at edd.ca.gov/pdf_pub_ctr/de4p.pdf, and the IRS withholding certificate W-4P at www.irs.gov/pub/irs-pdf/fw4p.pdf.

U.S. citizens who have payments delivered outside the U.S. or its territories and U.S. resident aliens may elect any withholding status (married, single or head of household) and zero or more withholding exemptions.

Non-U.S. Resident Aliens: A nonresident alien is an individual who is not a U.S. citizen or a resident alien. Generally, nonresident aliens are subject to a 30 percent U.S. income tax on their U.S. income. A reduced rate, including an exemption, may apply if there is a tax treaty between the foreigner's country of residence and the U.S. For more information, see IRS publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, available online at irs.gov (type in 515 in the search function) or by calling 800-829-3676.

For more information on tax liability, see IRS publication 575, *Pension and Annuity Income*, and the California Franchise Tax Board publication 1005, *Pension and Annuity Guidelines*, or contact a qualified tax professional.

SECTION 5 – REQUIRED SIGNATURES

Sign and date your *Service Retirement Application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your application. Your signature date is the date you signed your application.

If your spouse or registered domestic partner does not sign your application, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement to make this determination. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them later.

SUBMITTING YOUR APPLICATION

CalSTRS must receive your *Service Retirement Application* by the last day of the month in which you are requesting to retire. Make a copy for your records.

Hand Delivery

Hand deliver your application to a local CalSTRS benefits counseling office (see page 19). For a current listing, visit CalSTRS.com/counseling.

Mailing Address

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

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your application to:

CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Numbers

916-414-5964 or
916-414-5965

QUESTIONS?

E-mail your questions using your *myCalSTRS* account or at CalSTRS.com/contactus, or call 800-228-5453.

RETIREMENT CHANGE REQUESTS

If you have already submitted your *Service Retirement Application* and want to make a change before your retirement, you must complete the *Retirement Application Change Request* form, available at CalSTRS.com or by calling us. This form lets you change your retirement date, option, option beneficiary, partial lump-sum choice or Reduced Benefit Election.

NAME OR ADDRESS CHANGE

Notify us in writing immediately of any change in your name or mailing address. You can update your mailing address online using *myCalSTRS*. Otherwise, complete the *Address Change Request* form, available at CalSTRS.com (select *Forms & Publications*) or by calling us.

Remember to sign and date your *Service Retirement Application* and other forms.

Service Retirement Application

(SR 0059, rev. 03/10)

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

With my signature on the last page, I certify that I have read the instructions and the booklet, *Your Retirement Guide*, and I am applying for service retirement. I fully understand that if my retirement is approved by CalSTRS and verified by my employer, I will be officially retired as of the retirement date I have requested if CalSTRS receives my properly completed, signed and dated application no later than the last day of the month in which I am requesting to retire.

Section 1: Member Information

Name (Last, First, Initial)	Client ID* or Social Security Number	
Mailing Address	E-mail Address	
City	State	ZIP Code
	()	()
Date of Birth (MM/DD/YYYY)	Home Telephone	Alternate Telephone

Section 2: Retirement Information

Retirement Date (MM/DD/YYYY)
(To secure your requested retirement date, CalSTRS must receive your application no later than the last day of the month in which you request to retire.)

Last date of paid employment (MM/DD/YYYY). This date must be before your retirement date.

- I have attached the *Partial Lump-Sum Election* form to my retirement application.
- I have attached the *Reduced Benefit Election* form to my retirement application.

Other Public Retirement Systems

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

CalPERS SFERS LRS UCRS 1937 ACT COUNTY—County Name _____

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

* Find your Client ID on your *Retirement Progress Report*.



SR0059

Name _____ Client ID or SSN _____

Section 3: Your Defined Benefit

Section 3.1 Defined Benefit Election

I have read the instructions that describe the **Defined Benefit** options available, and I elect:

- Member-Only Benefit (Skip to section 3.2.)
- Modified Benefit (If you check this box, choose an option below.)

Modified Benefit

- I previously submitted the *Preretirement Election of an Option* form.

Indicate the option you elected _____
 and the name of your option beneficiary _____ to confirm
 your original election. (If you would like to change or cancel your preretirement option, complete a new
Preretirement Election of an Option form. Your form must be signed and dated before the effective date of
 your retirement. Go to section 3.2.)

- I am electing an option at retirement. Your option beneficiary must be a living person or persons—your beneficiary cannot be a trust, estate, charity or other entity. I have read Step 1 of *Your Retirement Guide* that describes the Defined Benefit options available and I elect one of the following options at retirement. Check one box and complete the beneficiary information below:

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option (If you have chosen the Compound Option, complete and attach the *Compound Option Election* form.) 

Beneficiary Information

The option beneficiary I am electing at retirement is:

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

Mailing Address _____

City _____ State _____ ZIP Code _____

() _____ () _____

Home Telephone _____ Alternate Telephone _____

Member of CalSTRS: Yes No Gender: Male Female

Relationship: Spouse Registered Domestic Partner Other

Date of Birth (MM/DD/YYYY) _____
 (Attach verification of your option beneficiary's birth date. Acceptable documents include photocopies of a birth certificate, driver's license, passport and some military IDs.)

Name _____ Client ID or SSN _____

Section 3.2 Defined Benefit Tax Withholding Preferences

If you do not complete this section, CalSTRS must 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 \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

OR

Withhold only \$ _____ per month.*
(Enter a dollar amount only. Do not enter a percentage.)

**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 \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

* A flat amount cannot be specified for federal income tax.

Name _____ Client ID or SSN _____

Section 4: Your Defined Benefit Supplement

Section 4.1 Defined Benefit Supplement Election

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a Defined Benefit Supplement account with CalSTRS that has been accumulating contributions and interest. (See Step 1 of *Your Retirement Guide*.)

If your Defined Benefit Supplement account balance is:

- Under \$3,500, you must take a lump-sum payment. Mark the lump-sum payment box below.
- \$3,500 or more, you have choices about how to receive these funds. Read “Defined Benefit Supplement Decisions” in Step 1 of *Your Retirement Guide*.

Defined Benefit Supplement Choices

You have three payment choices for your Defined Benefit Supplement account. Choose only one:

1. Lump-Sum Payment

- Check paid to me directly (Skip to section 4.2, Direct Payment.)
- Rollover to a financial institution (Skip to section 4.2, Rollover.)

2. Annuity Payment

You have two choices. Select one:

Period-Certain Monthly Annuity of 3 to 10 years*

Number of years (*circle one*) 3 4 5 6 7 8 9 10

OR

Lifetime Monthly Annuity

If you elected the **Member-Only Benefit** on page 2, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 2, you have three choices. Select one:

100% Beneficiary Annuity

75% Beneficiary Annuity

50% Beneficiary Annuity

3. Combination Lump Sum *and* Annuity. At least \$3,500 must remain in your Defined Benefit Supplement account to fund an annuity.

\$_____ lump-sum amount *and* select one annuity:

Period-Certain Monthly Annuity of 3 to 10 Years*

Number of years (*circle one*) 3 4 5 6 7 8 9 10

OR

Lifetime Monthly Annuity

If you elected the **Member-Only Benefit** on page 2, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 2, you have three choices. Select one:

100% Beneficiary Annuity

75% Beneficiary Annuity

50% Beneficiary Annuity

*Period-certain annuities of 10 years are not eligible for rollover into a pretax account. See section 4.3 regarding tax considerations for direct payment of your Defined Benefit Supplement funds.

Name _____ Client ID or SSN _____

Section 4.2 Defined Benefit Supplement Payment Instructions

I have read the booklet, *Tax Considerations for Rollovers*, and 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 of 3 to 9 years for my Defined Benefit Supplement payment. Select whether you want to receive your Defined Benefit Supplement distribution as a *direct payment* or a *rollover*.

Direct Payment

I choose to have my Defined Benefit Supplement distribution paid directly to me. I understand that federal taxes will be withheld at the required rate of 20 percent. My state tax will be withheld at the rate of 6 percent or I can choose to defer my state tax withholding.

OR

Rollover

I choose to roll over all or part of my Defined Benefit Supplement distribution to a financial institution. Complete the information below. *Any amount not designated for transfer will be mailed directly to me.* (To defer state tax, go to section 4.3, Direct Payment and mark the appropriate box.)

Rollover of Tax-Deferred Contributions and Interest. I elect to roll over my tax-deferred contributions and interest to one of the plans listed below.

Traditional IRA Other eligible plan (403(b), 457, 401(k) or 401(a)) Roth IRA (taxable rollover)

Amount to transfer \$ _____ **OR** Percentage to transfer _____ (indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Complete Name of Financial Institution		
Institution Mailing Address	City	State ()	ZIP Code
Financial Institution Representative Signature		Telephone	

Rollover of After-Tax Contributions (not applicable for most accounts). I elect to rollover my after-tax contributions to one of the plans listed below.

Traditional IRA Other eligible plan (403(b), 457, 401(k) or 401(a)) Roth IRA

Amount to transfer \$ _____ **OR** Percentage to transfer _____ (indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Complete Name of Financial Institution		
Institution Mailing Address	City	State ()	ZIP Code
Financial Institution Representative Signature		Telephone	

Name _____ Client ID or SSN _____

Section 4.3 Defined Benefit Supplement Tax Withholding Preferences

Direct Payment Lump Sum and Period-Certain Annuities of 3 to 9 years

Federal law requires that CalSTRS withhold federal income tax at the rate of 20 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. CalSTRS will automatically withhold your federal tax from your check.

State law allows you to defer your state income tax payment. If you do not choose to defer your tax payment, CalSTRS must withhold California state tax at the rate of 6 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. Place an X in the box below if you wish to defer your state income tax payments.

Do not withhold California state tax

Lifetime Monthly Annuity and Period-Certain Annuities of 10 years

If you do not complete the section below, CalSTRS must 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 \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

OR

Withhold only \$ _____ per month.*
(Enter a dollar amount only. Do not enter a percentage.)

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 \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

* A flat amount cannot be specified for federal income tax.

Section 5: Required Signatures

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed, signed and attached the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form. 
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was not awarded a portion of my CalSTRS benefits.

Member's Signature

I certify that I have read the Service Retirement Application Instructions and the booklet, *Your Retirement Guide*, and I am applying for service retirement. I fully understand that if my retirement is approved by CalSTRS and verified by my employer, I will be officially retired as of the retirement date I have requested if CalSTRS receives my application no later than the last day of the month in which I am requesting to retire.

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)



Spouse's or Registered Domestic Partner's Signature

Signature Date (MM/DD/YYYY)

Submitting Your Application

CalSTRS must receive your application no later than the last day of the month in which you are requesting to retire.

Hand Delivery

Hand deliver your application to a CalSTRS benefits counseling offices. For a current listing, go to CalSTRS.com/counseling.

Mailing Address

Mail your application to:
CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your application to:
CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5964 or
916-414-5965

Keep a copy of your completed application for your records. If you fax your application, keep the confirmation page. We are unable to call and confirm receipt of your faxed application.

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Express Benefit Report—Instructions

The *Express Benefit Report* form is a required form for retirement. This form allows you to request your accumulated unused sick leave balance information from your last employer. Credit for unused sick leave is included in the calculation for your retirement benefit. The earlier CalSTRS receives this information, the earlier you start to receive the full benefit you are entitled to.

Your employer must report and certify required employment information on this form to comply with California law.

Attach the *Express Benefit Report* form to your application for retirement but do not delay submitting your application if your employer fails to return the form by the date you specify. Sending this form to CalSTRS after you submit your application will not delay your *initial* benefit. Your *corrected* benefit amount will be calculated when your form is received and processed. You will receive a payment for any accumulated difference.

Contact your last employer if there are discrepancies in sick leave balances and last day of paid employment from your records.

SECTION 1—MEMBER INFORMATION

(TO BE COMPLETED BY MEMBER)

Enter your full name, Social Security number, date of birth, mailing address, telephone number and your position title.

Retirement Date: The date you specified on your application for retirement.

Date to Be Returned By Employer: Enter the date you want your last employer to return this form to you. Allow enough time to mail your application for retirement so that we receive it before the end of the month in which you request to retire.

After completing section 1, give the form, along with these instructions, to your last employer to complete section 2.

Do not delay sending your application for retirement to CalSTRS if your last employer fails to return the *Express Benefit Report* form to you by the date you specify.

SECTION 2—EMPLOYER INFORMATION

(TO BE COMPLETED BY YOUR LAST EMPLOYER)

Return the *Express Benefit Report* to the member by the date specified in section 1.

Complete the employer information after the employee has completed the member information in section 1.

County and District Codes: Enter the appropriate county and district codes. Example: Kern County, Edison, would be 15-012.

Employer Contact Name and Employer Telephone: Enter the name and phone number of the person CalSTRS should contact if there are questions regarding information on this form.

Employment Termination Date: Enter the last day the member was on duty or on paid leave. This date should be the same as, or later than, the last day of paid employment. This date must be earlier than the retirement date.

Last Day of Paid Employment: Enter the last day the member was paid for working. If on a leave of absence, enter the actual last day for which the member was paid, including differential pay. This date must be earlier than the retirement date.

Sick Leave Days

Accumulated Unused Regular Sick Leave Days: Enter the number of accumulated unused sick leave days the employee will have as of the last day of paid employment.

Unused Excess Sick Leave Days: Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment. Excess sick leave is sick leave granted by the employer after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks.

Excess sick leave is paid by the employer. CalSTRS will bill the employer for the amount due to pay for the excess sick leave reported. A present value calculation is used to determine the amount due.

You may complete the worksheet on next page for the present value calculation for excess sick leave. The worksheet is not required. CalSTRS will send a bill for the amount due for the unused excess sick leave days reported. This applies *only* if you are reporting unused excess sick leave days.

Express Benefit Report—Instructions continued

Total Sick Leave: Accumulated Unused Regular Sick Leave Days plus Unused Excess Sick Leave Days equal Total Sick Leave days.

Contract Base Service Days (final year): To determine Contract Base Service Days, subtract the number of school and legal holidays from the full-time equivalent (FTE), if they are included in the FTE. The Base Service Days cannot be fewer than 175 days.

FTE is the number of days that a person is required to work in that position for the school year if employed full time.

SECTION 3—EMPLOYER FINAL COMPENSATION INFORMATION

One-Year Final Compensation: Check this box only if the highest annual compensation earned by the member during any period of 12 consecutive months will be used

because the district has a collective bargaining agreement that authorizes one-year final compensation and the member meets the eligibility requirements. Refer to the most recent Employer Directive regarding one-year final compensation for more information.

Final Compensation Salary Reduction: Check this box if the member has received a salary reduction due to a reduction in school funds and is eligible to use any three nonconsecutive years for his or her final compensation.

SECTION 4

Employer Certification: Print the name of the superintendent or authorized designee, official title and telephone number. Sign and date the form. Return the form to the member by the return date indicated in section 1.

EXCESS SICK LEAVE WORKSHEET (OPTIONAL)

CalSTRS uses a present value calculation to determine the billable amount to the employer for the unused excess sick leave days reported. Complete the information below to determine the present value amount.

<i>Unused Excess Sick Leave Days</i>		<i>Contract Base Service Days</i>		<i>Prior Year Earnable</i>		<i>Present Value Factor</i>		<i>Present Value</i>
<input type="text"/>	÷	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>

Unused Excess Sick Leave Days: see previous page

Contract Base Service Days (final year): see above

Prior Year Earnable: Enter the compensation earnable for the year before the last school year in which the member earned creditable service.

Present Value Factor: This information is provided annually in an Employer Directive on rate changes.

Express Benefit Report

SR 0554E (Rev. 3/10)

CALSTRS

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

Members and Employers: Review this form carefully and complete all appropriate sections. This form is used to report employment and sick leave benefit information, including the termination of employment and unused and excess sick leave. All information reported on this form must be certified by the county superintendent or authorized designee. Employers are required to certify employment termination and sick leave information within 30 days of the member's/employee's retirement date. CalSTRS may assess penalties for delinquent reports.

Members: This form is not an application for any benefit. It is submitted with your application for retirement. *Do not delay sending your application if your last employer fails to return this form to you by the date you specify.*

Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

()

CITY

STATE

ZIP CODE

TELEPHONE

POSITION TITLE

RETIREMENT DATE

DATE TO BE RETURNED BY EMPLOYER

Section 2: Employer Information

(To be completed by last employer and returned to the member by the date above)

COUNTY AND DISTRICT CODE

EMPLOYER CONTACT NAME

()

EMPLOYER TELEPHONE

EMPLOYMENT TERMINATION DATE (MM/DD/YYYY)

(ENTER THE LAST DAY THE MEMBER WAS ON DUTY OR PAID LEAVE. THIS DATE MUST BE EARLIER THAN THE RETIREMENT DATE.)

LAST DAY OF PAID EMPLOYMENT (MM/DD/YYYY)

(ENTER THE LAST DAY THE MEMBER WAS PAID FOR WORKING. THIS DATE MUST BE EARLIER THAN THE RETIREMENT DATE.)

Employer: Please provide the required information on the reverse side.



SR0554E

Section 2: Employer Information continued

Sick Leave Days

Report unused and excess sick leave as of the member's anticipated last day of paid employment. The member will submit this report with the application for retirement. To facilitate the timely processing of benefits, return this form to the member by the date specified. If the application is to be submitted before the last day of paid service, any sick leave used subsequent to submitting this form will require the district to send a correction on the *Employment Termination or Sick Leave Data Correction* form to ensure an accurate final benefit amount.

Unused Sick Leave Report

Enter days only. Do not enter hours. If the employee has no accumulated unused sick leave days, enter zero.

<i>Accumulated Unused Regular Sick Leave Days</i>	<i>Unused Excess Sick Leave Days*</i>	+	=	<i>Total Sick Leave</i>	<i>Contract Base Service Days</i>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>			<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

*CalSTRS will send a bill for unused excess sick leave days reported. Send the present-value amount to CalSTRS within 30 days following the retirement date or interest will accrue. For additional information about excess sick leave, see the *Express Benefit Report* instructions.

Section 3: Employer Final Compensation Information

(To be completed by last employer and returned by the date given in section 1)

One-year final compensation

I certify pursuant to the district bargaining agreement that the present value payment for one-year final compensation will be made to CalSTRS within 30 days of receiving billing for the member, who has fewer than 25 years of service credit.

Final compensation salary reduction

I certify that because of a reduction in school funds, the member's salary was reduced during the following school year(s) ____/____. The member is eligible to use any three nonconsecutive years for final compensation.

Section 4: Employer Certification (To be signed by the superintendent or authorized designee)

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

PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DESIGNEE

() _____
TELEPHONE

Signature



SIGNATURE (SUPERINTENDENT OR AUTHORIZED DESIGNEE)

DATE (MM/DD/YYYY)

OFFICIAL TITLE

Forms



RECOMMENDED:

- *Direct Deposit Authorization*
- *Recipient Designation*

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Direct Deposit Authorization—Instructions

SECTION 1

Attach a voided personal check or your savings account statement to this authorization. This will aid in verifying your account and routing numbers.

SECTION 2—AUTHORIZATION INFORMATION

By signing and submitting this form, you are authorizing CalSTRS to transmit any benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize CalSTRS to either:

- Withhold a sum equal to the overpayment from future benefits OR
- Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

You can view and print your benefit payment stubs online at *myCalSTRS* at CalSTRS.com. If you do not want to receive your benefit payment stubs in the mail, check the appropriate box on the form. Checking the NO box will not affect the mailing of your Form 1099-R. You will still receive your form 1099-R at your mailing address.

SECTION 3—GENERAL INFORMATION

Send this completed *Direct Deposit Authorization* to:

CalSTRS
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275

Your first payment will be deposited into your account within 30 to 60 days after we receive the authorization.

To avoid any delays in benefits or communication, promptly inform CalSTRS of any change in your mailing address. You can update your mailing address online at *myCalSTRS* or on the *Address Change Request* form.

Your direct deposit will continue to be deposited into your designated account until we are notified in writing that you wish to change your account or financial institution. ***Do not close your old account until your first payment is deposited into your new account.***

To cancel your direct deposit, submit the *Address Change Request* form available at CalSTRS.com or by calling 800-228-5453.

If your home address is outside California and you do not submit a new *Income Tax Withholding Preference Certificate* form, we will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit an *Income Tax Withholding Preference Certificate* form, we will withhold state tax from your benefit at the rate for a married person with three exemptions.

PRIVACY NOTICE

The California State Teachers' Retirement System is authorized by sections 24604 and 22450 of the California Education Code to collect and use the information requested on this form for the purposes of identification and enrollment processing for payment of benefits by direct deposit. The information collected on this form will be disclosed to the state Controller's Office, an originating financial institution and the Federal Reserve Bank for the purpose mentioned. You must provide all information on this form. Failure to provide the mandatory information may result in nonenrollment of your direct deposit, or could cause the enrollment to be processed incorrectly.

You have the right to review the file maintained on you by CalSTRS upon proper identification. Contact the Information Practices Coordinator at CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

Direct Deposit Authorization

AS 1130 (Rev. 3/10)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

This form authorizes CalSTRS to send your benefit payments to the designated account. Print clearly in pen. To cancel your direct deposit, use the *Address Change Request* form available at CalSTRS.com or by calling 800-228-5453.

Section 1: Account Information

Attach a voided check or statement from your financial institution indicating your account number, routing number and the type of account (checking or savings).
(Please do not attach a deposit slip.)

Section 2: Authorization Information

I hereby authorize CalSTRS to directly deposit my benefit payments via electronic funds transfer. 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).



SIGNATURE

PRINTED NAME

SIGNATURE DATE

()

TELEPHONE NUMBER

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY, STATE AND ZIP CODE

E-MAIL ADDRESS (OPTIONAL)

Do you want your benefit payment stubs sent to your mailing address? You can view and print your benefit payment stubs online at *myCalSTRS*.

No, do not mail my benefit payment stubs. Yes, please mail my benefit payment stubs.

If you do not make a selection, CalSTRS will not mail your benefit payment stubs.

Section 3: General Information

Mail to: CalSTRS
 P.O. Box 15275, MS 85
 Sacramento, CA 95851-0275



AS1130

Recipient Designation Form—Information

One-Time Death Benefit/Cash Balance Lump-Sum Payment

To be valid, this form must be received and accepted by CalSTRS before your death.

This new *Recipient Designation* form replaces the *One-Time Death Benefit Recipient* form and the *Cash Balance Beneficiary Designation* form. If you have one of these forms currently on file with CalSTRS, you do not need to submit a new *Recipient Designation* form unless you wish to make a change to your recipient designation.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of Option* form.

DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, any accumulated contributions in your account will be paid to your designated recipients only if you did not elect an option beneficiary to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a family or survivor benefit allowance after your death.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the benefit in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least \$3,500, he or she may elect to receive an annuity in place of a lump-sum payment.

IMPORTANT FACTS

- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. *It is important to keep this form current.*
- If your designated primary recipients predecease you, any benefit due will be paid to your secondary recipients, unless you submit a valid *Recipient Designation* form designating new recipients. If we are unable to locate your designated recipients, the death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any benefit due will be paid to your estate.
- You may change your recipient designations at any time—before or after—retirement. There is no fee or financial penalty for changing your designation.

QUESTIONS

E-mail us at CalSTRS.com/contactus or call 800-228-5453.

This form is available at CalSTRS.com (select *Forms and Publications*).

Return your completed form to:

CalSTRS
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275

Recipient Designation Form—Instructions

One-Time Death Benefit/Cash Balance Lump-Sum Payment

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

SECTION 1: MEMBER/PARTICIPANT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and e-mail address.

SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient.

- **Persons**—Provide full name, address, telephone number, Social Security number, birth date and relationship.
- **Organization**—To designate an organization, check the box and enter the name and address of the organization and the organization's tax identification number. Include organization contact information whenever possible.
- **Trust**—To designate a trust, check the box and enter the full name of the trust, the trustee name, the trustee's address, and the date the trust was created. CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time.

- **Estate**—To designate your estate, check the box and enter "My Estate" for the recipient's name. Upon your death, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code section 13101.

Check box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

You may designate a percentage for each recipient. If you use percentages, the total must equal 100% for the primary recipient section and/or secondary recipient section.

SECTION 4: REQUIRED SIGNATURES

You must sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide his or her Social Security number and date of birth.

If your spouse or registered domestic partner does not sign your form, you must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner*.

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

Recipient Designation Form

One-Time Death Benefit/Cash Balance Lump-Sum Payment

MS0002 (Rev. 3/10)

CALSTRS
 California State Teachers' Retirement System
 P.O. Box 15275, MS 43
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Program. Print clearly in dark ink, or type all information requested and initial any corrections.

Check one of the following:

- I am a member of the Defined Benefit Program. My recipient designation is for a one-time death benefit payable upon my death.
- I am a participant of the Cash Balance Benefit Program. My recipient designation is for lump-sum payment to be distributed upon my death.
- I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the lump-sum death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—or their survivors—to receive equal amounts, unless otherwise specified as recipients for any benefits payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, I designate the secondary recipients—or their survivors—to share equally unless otherwise specified as recipients for any benefits under law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Return your signed form to: CalSTRS • P.O. Box 15275, MS 43 • Sacramento, CA 95851-0275

Section 1: Member/Participant Information

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY) ()
CITY	STATE	ZIP CODE	HOME TELEPHONE
E-MAIL ADDRESS			

Section 2: Primary Recipients

Use this area to designate one or more *primary* recipients to receive a death benefit.

Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION			()
MAILING ADDRESS			TELEPHONE
CITY	STATE	ZIP CODE	
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER	
<input type="checkbox"/> Organization – Contact Name: _____		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)	
<input type="checkbox"/> Trust <input type="checkbox"/> Estate		PERCENTAGE (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)	



Section 2: Primary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION _____		
MAILING ADDRESS _____		() TELEPHONE
CITY _____	STATE _____	ZIP CODE _____
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Organization – Contact Name: _____ <input type="checkbox"/> Trust		SOCIAL SECURITY NUMBER/TIN/EIN _____
<input type="checkbox"/> Estate		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY) _____
		PERCENTAGE (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION _____		
MAILING ADDRESS _____		() TELEPHONE
CITY _____	STATE _____	ZIP CODE _____
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Organization – Contact Name: _____ <input type="checkbox"/> Trust		SOCIAL SECURITY NUMBER/TIN/EIN _____
<input type="checkbox"/> Estate		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY) _____
		PERCENTAGE (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Section 3: Secondary Recipients

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION _____		
MAILING ADDRESS _____		() TELEPHONE
CITY _____	STATE _____	ZIP CODE _____
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Organization – Contact Name: _____ <input type="checkbox"/> Trust		SOCIAL SECURITY NUMBER/TIN/EIN _____
<input type="checkbox"/> Estate		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY) _____
		PERCENTAGE (MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

Section 3: Secondary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION _____			()
MAILING ADDRESS _____		TELEPHONE _____	
CITY _____	STATE _____	ZIP CODE _____	
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		SOCIAL SECURITY NUMBER/TIN/EIN _____	
<input type="checkbox"/> Organization – Contact Name: _____ <input type="checkbox"/> Trust		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY) _____	
<input type="checkbox"/> Estate		PERCENTAGE _____ (MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)	

Check box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

Section 4: Required Signatures

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the next page.
- I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was not awarded a portion of my CalSTRS benefits.

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 _____	DATE (MM/DD/YYYY) _____	SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE _____	DATE (MM/DD/YYYY) _____
SPOUSE'S OR PARTNER'S NAME (LAST, FIRST, INITIAL) _____			
SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER _____		SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY) _____	

Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code sections 22453 and 26703, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present requires the signature of the spouse or registered domestic partner unless one of the following conditions exist. If you are married or registered as a domestic partner and your spouse or partner does not sign this form, 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 registered domestic partner.
- My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or registered domestic 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 registered domestic 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 designation can be made. Submit a certified copy of the court order when you receive it.) Education Code sections 22454 and 26704

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

DATE (MM/DD/YYYY)

If this form is not completely filled out, it will not be accepted and will be returned to you. Your current recipient status will not be updated. Review your form carefully before submitting:

- Did you designate at least one primary recipient and provide all the requested information?
- If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- If you designated percentages, do they equal 100% for your primary recipients and/or secondary recipients?
- Did you sign and date the form?
- If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?

Forms



SPECIAL CIRCUMSTANCES:

- *Partial Lump-Sum Election*
- *Justification for Non-Signature of Spouse or Registered Domestic Partner*
- *Compound Option Election*
- *Reduced Benefit Election*

Partial Lump-Sum Election—Instructions

Defined Benefit Program

Complete this form if you are taking a Defined Benefit partial lump-sum distribution.

If you retire on or before December 31, 2010, you can receive a portion of your retirement benefit as a lump sum in exchange for a lower lifetime monthly benefit. Your partial lump-sum payment will be calculated based on information CalSTRS receives from your employer as of the date of your retirement. Your partial lump-sum can be paid to you directly or rolled over to a qualified plan, such as a Traditional IRA or 403(b) account, or a Roth IRA.

If you are applying for service retirement while your disability application is being evaluated, you are not eligible to receive a partial lump-sum distribution.

If you are thinking about taking a partial lump-sum payment, carefully consider your decision and the implications. Take time to evaluate your financial needs because your ongoing monthly benefit will be permanently reduced if you take a partial lump-sum payment. You cannot change your decision after your retirement date.

The amount that your monthly benefit will be reduced by taking a partial lump-sum payment depends on your age, earnings and years of service credit at retirement.

To get an estimate of the maximum partial lump-sum available to you or determine how choosing different amounts would affect your retirement benefit, use the *Retirement Benefit Calculator* at CalSTRS.com. Also read the frequently asked questions (select *FAQ*, then *Partial Lump Sum*) at CalSTRS.com or call 800-228-5453.

SECTION 1—MEMBER INFORMATION

Enter your Client ID or Social Security number, full name, date of birth, complete mailing address and telephone number.

SECTION 2—PARTIAL LUMP-SUM ELECTION

You may choose a specific dollar amount or the maximum amount allowable. If you choose a rollover, your partial lump-sum distribution must be at least twice the amount of your new monthly retirement benefit after the permanent reduction from the partial lump sum is calculated.

SECTION 3—DISTRIBUTION INSTRUCTIONS

If you would like your payment to be paid directly to you, check the Direct Payment box. If you would like to roll over your payment to a financial institution, check the Rollover box.

Financial Institution Information: When providing information on your financial institution, do not attach transfer documents. Also, do not list “IRA” as the name of your financial institution. We will mail the payment to the financial institution address you provide. It is imperative the financial institution name, address and account number are correct. If they are not correct, your rollover will be delayed. We are not able to process direct trustee-to-trustee transfers to financial institutions outside the U.S.

SECTION 4—REQUIRED SIGNATURES

Sign and date the *Partial Lump-Sum Election* form and submit it to CalSTRS with your *Service Retirement Application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date both forms. Your signature date is the date you signed your application.

If your spouse or registered domestic partner does not sign your form, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates so. You may need to refer to your settlement agreement to make this determination. If your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

Partial Lump-Sum Election

Defined Benefit Program

SR 0627 (Rev. 3/10)

CALSTRS

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

If you are taking a partial lump-sum distribution of your **Defined Benefit** retirement, complete and submit this form in addition to your *Service Retirement Application*. If you make this election, your monthly retirement benefit will be permanently reduced. Your decision to choose a partial lump-sum distribution cannot be changed or canceled after the month in which you are requesting to retire.

You can only choose a partial lump sum if you retire on or before December 31, 2010.

To estimate your maximum partial lump sum or determine how choosing smaller amounts would affect your retirement benefit, go to CalSTRS.com to use the *Retirement Benefit Calculator* or read the FAQ (under *Tools*, select *FAQ*, then *Partial Lump Sum*).

Section 1: Member Information

NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER		
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY)		
()				
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	HOME TELEPHONE

Section 2: Partial Lump-Sum Election

The maximum partial lump-sum distribution you are eligible for will be calculated based on the information available to CalSTRS at the time you retire. If CalSTRS receives additional employment information after you retire, any payment adjustment will be included in your monthly retirement benefit.

Choose either a specific dollar amount that is less than the maximum amount allowable or the maximum amount allowable as a partial lump-sum distribution.

I choose to receive \$ _____ as a partial lump-sum payment. I understand that this amount cannot exceed the maximum amount payable.

OR

I choose to receive the maximum partial lump-sum payment available to me.

Section 3: Distribution Instructions

I have read the booklet, *Tax Considerations for Rollovers*, and 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 payment.

Choose one of the following two choices for your partial lump-sum distribution:

Direct Payment

I choose to have my partial lump-sum distribution paid directly to me. I understand that 20 percent federal income tax must be withheld from the tax-deferred portion. An additional 6 percent will be withheld in California state income tax unless I specify that no state income tax is to be withheld.

Withhold California state income tax? (Select one.) YES NO (Skip to Section 4.)

OR

Rollover

I elect a rollover of my partial lump-sum distribution to a qualified plan. (Complete rollover instructions on page 2.)



SR0627

Section 3: Distribution Instructions continued

Rollover of Tax-Deferred Contributions and Interest. I elect to roll over my tax-deferred contributions and interest to one of the plans listed below.

- Traditional IRA Other eligible plan (403(b), 457, 401(k) or 401(a)) Roth IRA (taxable rollover)

Amount to transfer \$ _____ OR Percentage to transfer _____ (indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Complete Name of Financial Institution		
Institution Mailing Address	City	State ()	ZIP Code
Financial Institution Representative Signature		Telephone	

Rollover of After-Tax Contributions (not applicable for most accounts). I elect to rollover my after-tax contributions to one of the plans listed below.

- Traditional IRA Other eligible plan (403(b), 457, 401(k) or 401(a)) Roth IRA

Amount to transfer \$ _____ OR Percentage to transfer _____ (indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Complete Name of Financial Institution		
Institution Mailing Address	City	State ()	ZIP Code
Financial Institution Representative Signature		Telephone	

Section 4: Required Signatures

I have read the *Your Retirement Guide* booklet and fully understand that if I make this election, my monthly retirement benefit will be *permanently* reduced and that I cannot change or cancel this election after the last day of the month in which I am requesting to retire.

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed, signed and enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was not awarded a portion of my CalSTRS benefits.

Signatures

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)
 _____ Spouse's or Registered Domestic Partner's Signature	_____ Signature Date (MM/DD/YYYY)

Justification for Non-Signature of Spouse or Registered Domestic Partner

MS 1125A (Rev. 3/10)

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 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 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 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"/> Partial Lump-Sum Election | <input type="checkbox"/> Letter Requesting a Change |
| <input type="checkbox"/> Reduced Benefit Election | <input type="checkbox"/> Reinstatement After Retirement |
| <input type="checkbox"/> Refund Application | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Preretirement Election of an Option | <input type="checkbox"/> Rollover of Limited-Term Disability Payments |
| <input type="checkbox"/> Preretirement Compound Option Election | <input type="checkbox"/> Disability Allowance to Retirement Application |
| <input type="checkbox"/> Compound Option Election | <input type="checkbox"/> Disability Allowance to Compound Option Election |
| <input type="checkbox"/> Retirement Change Request | <input type="checkbox"/> Defined Benefit Supplement Application |

Option Change After Retirement

- Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership)
- Change of Option Beneficiary After Retirement



MS1125A

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Compound Option—Instructions

The Compound Option allows three choices. You may:

- Name one option beneficiary if you retain a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each and retain a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each and not retain any of your benefit as a Member-Only Benefit.

Your monthly retirement benefit will be reduced based on your age, the ages of your beneficiaries and the option you elect for each beneficiary.

NOTE

Your beneficiary must be a living person or persons. Your beneficiary cannot be a trust, estate, charity or other entity.

If you name someone other than your spouse or a former spouse to be your Compound Option beneficiary, CalSTRS is required by federal law to impose certain age restrictions:

- The beneficiary you designate for that portion of the benefit that is modified for the 75% Beneficiary Option may not be more than exactly 19 years younger than you, and
- The beneficiary you designate for that portion of the benefit that is modified for the 100% Beneficiary Option may not be more than exactly 10 years younger than you.

SECTION 1—CHOOSE ONE

- **Compound Option**—This form must be returned with your *Service Retirement Application* and will be effective on your retirement date. CalSTRS must receive this form and your *Service Retirement Application* no later than the last day of the month in which you are requesting to retire.
- **Change Prior Option Election to Compound Option**—This form must be returned with your *Retirement Application Change Request* form. CalSTRS must receive both forms no later than the last day of your retirement month.

- **Modify Compound Option**—This form must be returned with your *Retirement Application Change Request* form. CalSTRS must receive both forms no later than the last day of your retirement month.

SECTION 2—BENEFIT ALLOCATION/OPTION

BENEFICIARY DESIGNATION

If you wish to retain part of your benefit as a Member-Only Benefit, enter the percentage in the space provided.

We will not be able to process your election if the total allocation of your Member-Only Benefit and the option benefits given to your beneficiaries does not equal 100 percent.

Recipient	Benefit Allocation
Member-Only	_____ %
Beneficiary #1	_____ %
Beneficiary #2	_____ %
Beneficiary #3	_____ %
Total for additional beneficiaries	_____ %
Grand Total	100 %

If you want to designate more than three option beneficiaries, use additional copies of the form. Indicate the number of extra pages you are submitting where indicated in the upper right-hand corner of page 1.

Attach verification of each beneficiary's date of birth. Acceptable documents include photocopies of a birth certificate, driver's license, passport and certain military IDs.

SECTION 3—REQUIRED SIGNATURES

Sign and date your *application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your application.

If your spouse or registered domestic partner does not sign your application, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. If your court documents have not been reviewed by CalSTRS, you may be asked to provide them later.

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Compound Option Election

SR 0363 (Rev. 3/10)

CALSTRS

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

_____ number of additional pages attached

Complete this form if you would like to elect the Compound Option if you are retiring, or to change or modify a previous Compound Option election.

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

- **Applying for retirement?** If you are electing the Compound Option, return the completed form with your application for retirement to CalSTRS before your requested effective date of retirement.
- **Already submitted your application for retirement?** If you want to change to the Compound Option, or if you have elected the Compound Option and want to make changes, return this completed form with the *Retirement Application Change Request* form before the last day of the month in which you are requesting to retire. In section 1, check the Change Prior Election to Compound Option box or Modify Compound Option box.

Section 1: Choose One

I have read the *Member Handbook* descriptions of the available options and elect:

- Compound Option.** I am applying for retirement and elect the Compound Option indicated in section 2.
- Change Prior Option Election to Compound Option.** I have applied for retirement and wish to change my previous option to Compound Option.
- Modify Compound Option.** I have previously elected the Compound Option and now wish to make changes to that election.

Section 2: Benefit Allocation/Option Beneficiary Designation

I choose to retain _____% of my benefit as a Member-Only Benefit.

Your beneficiary must be a living person. Your beneficiary cannot be a trust, corporation, charity, estate or other entity.

Select 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each option beneficiary. CalSTRS cannot process your Compound Option Election if the total allocation of the option benefits given to option beneficiaries, including any Member-Only Benefit percentage, does not equal 100 percent.

Court-ordered option elections: If you are divorced or a party to a dissolution of domestic partnership who is required to elect a discontinued option, you may do so if CalSTRS has previously received and approved a certified court order filed before January 1, 2007.

- Provide all the information requested for each option beneficiary, including birth date verification (a clear, unaltered photocopy of a birth certificate, driver's license, passport or certain military IDs).
- If you wish to designate more than three option beneficiaries, use additional copies of this form and indicate the number of additional pages you are submitting in the top right-hand corner of this page.

1. I elect _____ Option (option name) and _____ % of my Member-Only Benefit.

NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

()

MAILING ADDRESS

HOME TELEPHONE

()

CITY

STATE

ZIP CODE

ALTERNATE TELEPHONE

DATE OF BIRTH (MM/DD/YYYY) Verification enclosed

MEMBER OF CALSTRS: Yes No RELATIONSHIP: Spouse Registered Domestic Partner Other GENDER: Male Female



SR0363

2. I elect _____ Option (option name) and _____% of my Member-Only Benefit.

NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NUMBER
			()
MAILING ADDRESS	(APT #)	HOME TELEPHONE	
		()	
CITY	STATE	ZIP CODE	ALTERNATE TELEPHONE

DATE OF BIRTH (MM/DD/YYYY) Verification enclosed

MEMBER OF CALSTRS: Yes No RELATIONSHIP: Spouse Registered Domestic Partner Other GENDER: Male Female

3. I elect _____ Option (option name) and _____% of my Member-Only Benefit.

NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NUMBER
			()
MAILING ADDRESS	(APT #)	HOME TELEPHONE	
		()	
CITY	STATE	ZIP CODE	ALTERNATE TELEPHONE

DATE OF BIRTH (MM/DD/YYYY) Verification enclosed

MEMBER OF CALSTRS: Yes No RELATIONSHIP: Spouse Registered Domestic Partner Other GENDER: Male Female

Section 3: Required Signatures

I have read *Your Retirement Guide* and fully understand that I cannot change this election after the last day of the month in which I am requesting to retire unless: (1) one or more of my option beneficiaries predeceases me; (2) one of my option beneficiaries is my spouse or registered domestic partner and a final decree for a dissolution of marriage or registered domestic partnership, annulment or action for separate maintenance has been entered on or after January 1, 1978; or (3) my option beneficiary is not my spouse or partner or former spouse or partner, and I change my election to my current spouse or partner.

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed, signed and enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was not awarded a portion of my CalSTRS benefits.

Signatures

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)
Spouse's or Registered Domestic Partner's Signature	Signature Date (MM/DD/YYYY)

Reduced Benefit Election—Instructions

Limited-Term Reduction Program

Complete this form and submit it with your *Service Retirement Application* only if you are electing a reduced benefit under the Reduced Benefit Election (Limited-Term Reduction Program).

If you are at least age 55, but under age 60, and have at least five years of service credit, you can apply for retirement under this alternate program.

If you choose the Reduced Benefit Election, you will receive one-half of the monthly retirement benefit calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, you will receive your full retirement benefit.

See the sample worksheet below to estimate your reduced benefit and when your benefit would increase to its full amount.

If you elected this program and wish to cancel your election, CalSTRS must receive a *Retirement Application Change Request* form or written request no later than the last day of the month in which you requested to retire.

You are not eligible for this program if you are applying for service retirement while your disability application is being evaluated.

SECTION 1—MEMBER INFORMATION

Enter your Client ID or Social Security number, full name, date of birth, complete mailing address and telephone number.

SECTION 2—REDUCED BENEFIT ELECTION

Check the box to elect the Reduced Benefit Election. By checking this box, you acknowledge that you have read the information about the program and understand how electing the program affects your benefit.

SECTION 3—REQUIRED SIGNATURES

Sign and date the *Reduced Benefit Election* form and submit it to CalSTRS with your *Service Retirement Application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date both forms. Your signature date is the date you signed your application.

If your spouse or registered domestic partner does not sign the *Reduced Benefit Election* form, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates so. You may need to refer to your settlement agreement to make this determination. If your court documents have not been reviewed by CalSTRS, you may be asked to provide them later.

Reduced Benefit Election Example

In this example, a member who is age 57 and five months at retirement, has a final compensation of \$5,000, and 25 years of service credit would receive \$1,250 a month from retirement until age 62 and seven months (five years and two months after retirement). The member's retirement benefit then would permanently increase to the Member-Only Benefit amount of \$2,500. The member would not receive an annual benefit adjustment until he or she starts receiving the Member-Only Benefit amount.

Complete the worksheet using your actual numbers to determine your approximate benefit reduction amount and the length of time you would receive the reduced benefit.

<i>Final Compensation</i>			<i>Age Factor at Age 60</i>			<i>Years of Service Credit</i>			<i>Member-Only Benefit</i>
\$5,000	X		.02	X		25	=		\$2,500
			<i>Member-Only Benefit Amount (from above)</i>						<i>Reduced Benefit Amount</i>
			\$2,500	X		.50	=		\$1,250
<i>Age</i>			<i>Age at Retirement</i>			<i>Age Difference</i>			<i>Duration of the Reduced Benefit Amount</i>
60	0	—	57	5	=	2	7	X 2	=
YRS	MOS		YRS	MOS		YRS	MOS		YRS
									MOS

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Reduced Benefit Election Limited-Term Reduction Program

SR 1613 (Rev. 3/10)

CALSTRS

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

If you would like to elect the **Reduced Benefit Election** (Limited-Term Reduction Program), complete, sign, date and submit this form in addition to your *Service Retirement Application*. If you are at least age 55, but under age 60, and have at least five years of service credit, you can apply for retirement under the Reduced Benefit Election. I understand I will receive one-half of the monthly retirement benefit 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, I will receive my normal retirement benefit.

Section 1: Member Information

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER	
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	
()				
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	HOME TELEPHONE

Section 2: Reduced Benefit Election

I read and understand the description above of the Reduced Benefit Election and elect:

- Reduced Benefit Election.** I am applying for retirement and elect this alternate program. I understand my monthly benefit will be reduced for a period of time.

Section 3: Required Signatures

I have read the *Your Retirement Guide* booklet and fully understand that I cannot change this alternate election after the last day of the month in which I am requesting to retire.

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are on the next page.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed, signed and enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was not awarded a portion of my CalSTRS benefits.



SR1613

Section 4: Required Signatures continued

Signatures

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)



Spouse's or Registered Domestic Partner's Signature

Signature Date (MM/DD/YYYY)

Glossary

Age Factor

The percentage of your final compensation that you will receive as a retirement benefit for every year you work. The age factor is based on your age on the last day of the month in which your retirement is effective. The basic age factor at age 60, the normal retirement age, is 2 percent. The maximum age factor is 2.4 percent.

For example, if you retire at age 60 and have 20 years of service, you will receive 2 percent (your age factor at age 60) of your final compensation multiplied by the 20 years you worked, or 40 percent of your final compensation (2 percent X 20).

Annual Benefit Adjustment

An automatic annual increase to your monthly benefit. The increase is effective September 1 of each year after the first anniversary of your benefit effective date and appears on your October 1 payment. Annual benefit adjustments are calculated at 2 percent of your initial benefit. The increase is not compounded or linked to inflation.

Career Factor

If you retire with at least 30 years of earned service credit, a bonus of 0.2 percent (two-tenths of 1 percent) will be added to your age factor up to a maximum age factor of 2.4 percent, which is reached at age 61½. For example, at age 60 and 3 months, the normal age factor is 2.033. With the career factor added, the age factor would be 2.233.

The increased age factor does not apply if you die before retirement without a *Preretirement Election of an Option* form on file at CalSTRS.

Client ID

A CalSTRS randomly generated number used to identify members. CalSTRS uses it instead of your Social Security number to secure your identity. Your Client ID is on your *Retirement Progress Report*.

Concurrent Retirement

Retiring at the same time from CalSTRS and one of the following California public retirement systems: California Public Employees' Retirement System, San Francisco Employees' Retirement System, University of California Retirement System, Legislators' Retirement System, or those systems established under the County Employees' Retirement Law of 1937.

Creditable Service

Specific employment activities performed for a school district, community college district or county superintendent of schools, including teaching, vocational or guidance counseling services related to school curriculum, and a variety of administrative duties.

Credited Service

Service credit for which required contributions have been paid.

Defined Benefit Program

A benefit program within the State Teachers' Retirement Plan that provides lifetime retirement benefits (based on a formula using age, service credit and final compensation) and ancillary benefits for California's public school educators who are members of the program.

Defined Benefit Supplement Program

A supplemental benefit program with benefits based on contributions and interest credited to your account. From January 1, 2001 to December 31, 2010, funds come from 25 percent of your monthly CalSTRS contribution. After this date, your entire 8 percent contribution will go into your Defined Benefit account. Compensation earned from service in one school year in excess of one year of service credit will continue to go into your Defined Benefit Supplement account.

Earnable Compensation

Compensation you could earn in a school year for full-time creditable service.

Excess Sick Leave Days

Sick leave granted by employers after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks.

Final Compensation

The highest average annual earnable compensation during a specified period of CalSTRS-covered paid employment. The period is one year if you have at least 25 years of credited service or if it is included in a written collective bargaining agreement for classroom teachers. Otherwise, the period is three consecutive years (36 consecutive months) if you have fewer than 25 years of service credit.

Longevity Bonus

An increase to your monthly Member-Only Benefit, if you have at least 30 years of service credit on or before December 31, 2010. You do not have to retire by December 31, 2010, to qualify for the longevity bonus, but you must have earned at least 30 years of service credit by this date. The bonus will be reduced by the option factor if you choose an option.

Member

You are a member if you have been credited with service in the Defined Benefit Program and have not received a refund for that service.

Member-Only Benefit

The highest monthly benefit you can receive when you retire for service or disability before any reduction to provide for an option beneficiary.

Modified Benefit

A reduction in your Member-Only Benefit to provide an ongoing lifetime benefit to your option beneficiary after your death. The reduction depends on which option you choose, your age and the age of your option beneficiary when the election is made.

One-Time Death Benefit

A one-time benefit paid to your designated recipients (may be an estate, trust, charity, corporation, or other entity) after you die.

Option

Plan feature that allows you to distribute your retirement benefit over your lifetime and the lifetimes of other people.

Reduced Benefit Election (Limited-Term Reduction Program)

A retirement alternative for Defined Benefit members. You will receive one-half the monthly benefit amount calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, you will receive the full retirement benefit. To be eligible, you must be at least age 55 but under age 60, and have at least five years of service credit for retirement.

Retirement Benefit

A monthly benefit paid to you each month after retirement.

Service Credit

Accumulated period in years, including partial years, for which you earned creditable compensation and made contributions under CalSTRS Defined Benefit Program. Your service credit is one of the factors used to determine your eligibility for benefits payable under the Defined Benefit Program. Service credit cannot exceed 1.000 in any given school year.

Vested Member

If you have five years of service credit in the CalSTRS Defined Benefit Program, you are considered a vested member and are eligible for retirement benefits at age 55—or age 50 with 30 years of service credit.

Join Our Online Community

Become part of CalSTRS online!



myCALSTRS

Simple, Secure & Convenient Access to Your CalSTRS Accounts

my.CalSTRS.com is your online resource to manage your personal information on file with CalSTRS. *my*CalSTRS is safe, secure and offers online information anytime, from anywhere you have reliable Internet access.

- View your account and service credit balances.
- Ask questions about your accounts and receive prompt, secure answers.
- View and print your 1099-R forms and benefit payment stubs.
- Make changes to your state and federal tax withholding preferences.
- See your beneficiary and recipient designation information.
- Change your e-mail address and phone number.
- Request e-delivery of newsletters, notifications and statements.



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www.Pension2.com

Learn about CalSTRS supplemental savings program to complement your retirement benefit.

CalSTRS.com

Your resource for CalSTRS benefits and services.

Join the discussion. Share CalSTRS news and information. Spread the word.

CalSTRS Resources



WEB SITES

CalSTRS.com
Click *Contact Us* to e-mail
403bCompare.com
www.Pension2.com
CalSTRSBenefits.Us



CALL

800-228-5453
7 a.m. to 6 p.m.
Monday through Friday

866-384-4457
Home Loan Program

888-394-2060
CalSTRS Pension2®
Personal Wealth Plan



WRITE

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



VISIT

Member Services
100 Waterfront Place
West Sacramento, CA 95605



FAX

916-414-5040

CalSTRS Headquarters
may experience closures
due to ordered employee
furloughs. Please call to
confirm business hours.



California State Teachers' Retirement System
P.O. Box 15275
Sacramento CA 95851-0275
800-228-5453
CalSTRS.com
 (SR0377 Rev 3/10)