

Certification of a Special Needs Trust

DS1854 REV 04/23



California State Teachers' Retirement System
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CalSTRS.com

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Instructions: Under federal regulations, you may designate an irrevocable trust established for an individual who is disabled as an option beneficiary or annuity beneficiary. This form is to certify the trust you are adding as an option beneficiary or annuity beneficiary meets the requirements of subparagraph (A) or (C) of paragraph (4) of subdivision (d) of Section 1396p of Title 42 of the United States Code. If you have more than two successors, 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.

Note: This completed and notarized form must be submitted with all required option or annuity beneficiary election forms. If you have any questions regarding the information on this form, please consult with a legal adviser.

SECTION 1: MEMBER INFORMATION

Provide either your client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE NUMBER

SECTION 2: SPECIAL NEEDS TRUST INFORMATION

NAME OF TRUST

TRUST ESTABLISHED DATE

TRUST TAX ID NUMBER



SECTION 2: SPECIAL NEEDS TRUST INFORMATION CONTINUED

NAME OF PRIMARY BENEFICIARY OF TRUST

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

CELL NUMBER

CURRENT TRUSTEE NAME

DATE OF BIRTH (MM/DD/YYYY)

TRUST TAX ID

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

CELL NUMBER

FIRST SUCCESSOR TRUSTEE NAME

DATE OF BIRTH (MM/DD/YYYY)

TAX ID

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

CELL NUMBER

SECTION 2: SPECIAL NEEDS TRUST INFORMATION CONTINUED

SECOND SUCCESSOR TRUSTEE NAME

DATE OF BIRTH (MM/DD/YYYY)

TAX ID

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

CELL NUMBER

SECTION 3: AFFIANT/DECLARANT SIGNATURE

I hereby certify that:

1. I am (check all that apply):
 - The member designating the trust as option or annuity beneficiary.
 - The member's attorney-in-fact pursuant to his or her power of attorney.
 - A currently acting trustee of the trust.
2. I understand that the beneficiary of the trust – who is the beneficiary with respect to the trust's interest in the member's benefit – will be considered the designated option or annuity beneficiary for determining eligibility for, and the amount and duration of, CalSTRS benefits.
3. The trust is irrevocable.
4. The trust, or the account in a pooled trust, is for the sole benefit of a single beneficiary and other beneficiaries to the trust, if any, are successor beneficiaries.
5. The trust satisfies the requirements of subparagraph (A) or (C) of paragraph (4) of subdivision (d) of Section 1396p of Title 42 if the United States Code.
6. All of the beneficiaries of the trust, including contingent and remainder beneficiaries with a description of the conditions on their entitlement, follows: (This information must be disclosed due to federal regulations. You are not designating successor beneficiaries for CalSTRS benefits.)

PRIMARY BENEFICIARY:	
SUCCESSOR BENEFICIARIES (IF ANY):	CONDITION OF ENTITLEMENT:

SECTION 3: AFFIANT/DECLARANT SIGNATURE CONTINUED

- 7. To the best of my knowledge, the above list on page 3 of this form is correct and complete.
- 8. The requirements of paragraph (b) (1), (2), and (3) of A-5 of Section 1.401(a)(9)-4 of Title 26 of the Code of Federal Regulations are satisfied.
- 9. I agree that, if the trust instrument is amended at any time in the future, I will, within a reasonable time, provide to CalSTRS corrected certifications to the extent that the amendment changes any information previously certified in this document.
- 10. I agree to provide a copy of the trust instrument to CalSTRS upon demand. (NOTE: Do not submit a copy of the trust instrument with this form unless you have been specifically asked by CalSTRS to do so.)

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 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/or a fine of up to \$5,000 (Education Code section 22010).

You must sign this document in the presence of a Notary Public who will complete *Section 4: Certificate of Acknowledgment*.



AFFIANT/DECLARANT SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

SECTION 4: CERTIFICATE OF ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____, personally appeared
(Date) (Insert name and title of the officer)

_____, who proved to me on the basis of satisfactory evidence to be
(Insert names of signing party)

the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Notary Seal



SIGNATURE OF NOTARY PUBLIC

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