

Protecting Your Loved Ones

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- ✓ Download handouts for this webinar at:
CalSTRS.com/protecting-your-loved-ones

When you leave, or the host ends this webinar, you will be asked to participate in a survey. We would greatly appreciate your time to provide feedback.

We will begin shortly.

CALSTRS[®]

CALSTRS®

**Protecting Your
Loved Ones**

Today's topics

Survivor benefits

One-time death benefit

Defined Benefit and Defined Benefit Supplement options

Defined Benefit Program

Defined Benefit Program membership

Lifetime retirement benefit

Benefit is based on a retirement formula

Survivor and disability benefits

Possible lifetime benefit for a loved one

Retirement formula

service credit × **age factor** × **final compensation**



your retirement benefit

Survivor benefits

if death occurs prior to retirement

Determine your coverage type

Coverage A

Member on or before October 15, 1992

Coverage B

Member after October 15, 1992

Elected Coverage B before March 1993

See your *Retirement Progress Report* for more details.

Coverage A

Survivor benefits

One-time death benefit

A one-time death benefit is payable to the recipient you designated on the *Recipient Designation* form.

Family allowance survivor benefit

Eligibility requirements

You must:

- Have been an active member at the time of your death with one or more years of service credit.
- OR**
- Have been receiving a disability allowance benefit.

Your survivors must:

- Have been your spouse or registered domestic partner for at least one year as of the date of your death or less than one year if your death occurred due to an accident or an illness diagnosed after your marriage or domestic partnership registration.
- OR**
- Be a financially dependent child under the age of 22.

Survivor benefit

If you have...	Then...
A preretirement election of an option in place	The option takes effect.
No option but a surviving spouse or partner and eligible children	Your spouse or partner may receive: A monthly benefit equal to 40% of your final compensation; AND Ten percent of your final compensation for each eligible child, up to 50%.
No option and no surviving spouse or partner but eligible children	Each eligible child will receive 10% of your final compensation, up to 50%.
No option and no eligible children, but an eligible spouse or partner	Your spouse or partner may receive: A lifetime monthly benefit at age 60—or before, at an actuarially reduced rate. OR Your accumulated contributions and interest in your Defined Benefit account.
No option and no surviving spouse, partner or eligible children	Your dependent parents may receive a survivor benefit. OR Your designated one-time death benefit recipient will receive your accumulated contributions and interest in your Defined Benefit account.

Reductions to your survivor benefit

- Your survivor benefit will be reduced by:
- Social Security.
 - Workers' compensation.
 - Certain other disability benefits.
 - Judgments against you.

➔ To learn more about your survivor benefits and eligibility requirements, see the *Member Handbook*.

Coverage B

Survivor benefits

One-time death benefit

The one-time death benefit is payable to the recipient you designated on the *Recipient Designation* form.

Survivor benefit

Eligibility requirements

You must:

- Have been an active member at the time of your death with at least one year of service credit.

Your survivor must:

- Have been your spouse or registered domestic partner for at least one year as of the date of your death or less than one year if your death occurred due to an accident or an illness diagnosed after your marriage or domestic partnership registration.
- OR**
- Be a financially dependent child under the age of 21.

Survivor benefit

If you have...	Then...
A preretirement election of an option in place	The option takes effect.
No option but a surviving spouse or partner and eligible children	Your surviving spouse or partner may receive: A lifetime monthly benefit at your normal retirement age—or before, at an actuarially reduced rate; AND Ten percent of your final compensation for each eligible child, up to 50%. OR Your accumulated contributions and interest in your Defined Benefit account whether or not you have eligible dependent children.
No option and no surviving spouse or partner but eligible children	Each eligible child will receive 10% of your final compensation, up to 50%.
No option and no surviving spouse, partner or eligible children	Your designated one-time death benefit recipient will receive your accumulated contributions and interest in your Defined Benefit account.

Reductions to your survivor benefit

by that caused

CalSTRS.com/protecting-your-loved-ones

Survivor benefit eligibility

Member

At least one year of service credit

Actively performing creditable CalSTRS service at time of death

Survivor

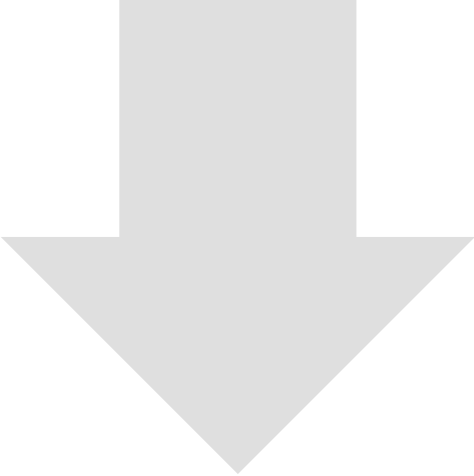
Spouse or registered domestic partner

Financially dependent children (Cov. A under 22; Cov. B under 21)

Financially dependent parents (Coverage A only)

Survivor benefit payments

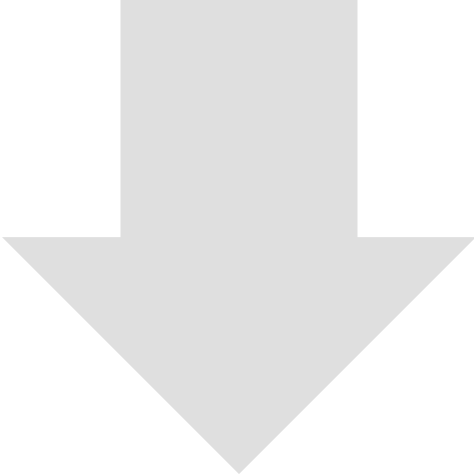
Surviving spouse



Lifetime monthly benefit

Return of account balance

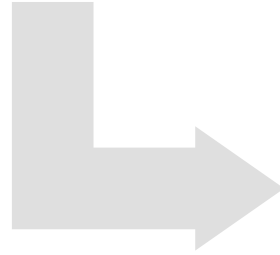
Surviving children



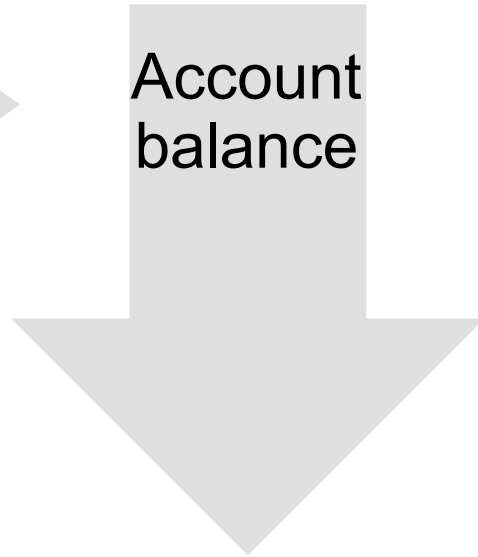
10% of final compensation per child up to 50%

If no eligible survivors

No eligible
survivors



Account
balance



One-time death
benefit recipient

OR

Member's estate

Edwin's survivor benefits

Let's assume:

Edwin is an active member

Edwin has no children

His fiancée, Rosa, is his one-time death benefit recipient

Edwin dies before retirement with no option in effect

Edwin's survivor benefits

No eligible
survivors



Account
balance



One-time death benefit recipient
(Rosa)

Edwin's survivor benefits

Let's make one change and assume:

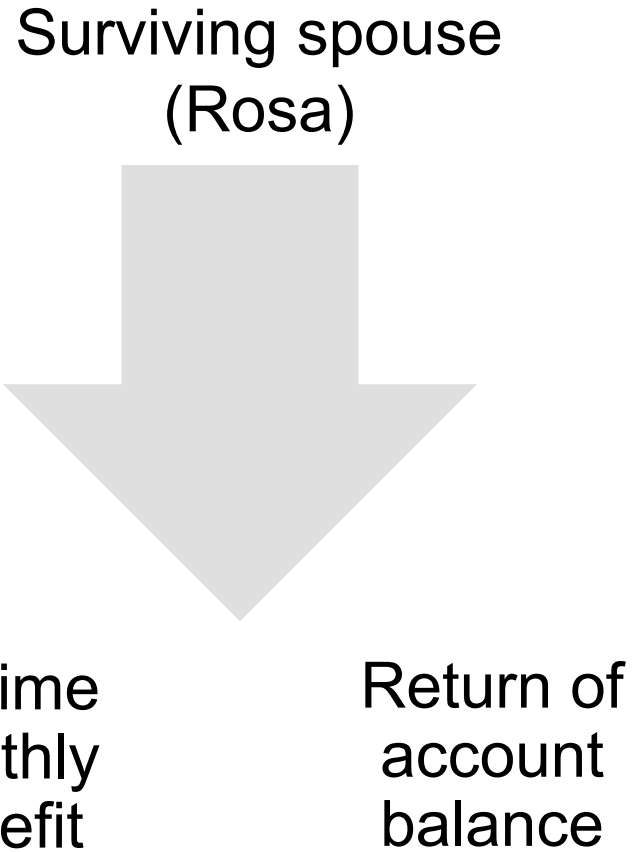
Edwin is an active member

Edwin has no children

His ~~fiancée~~ **wife**, Rosa, is his one-time death benefit recipient

Edwin dies before retirement

Edwin's survivor benefits



One-time death benefit

One-time death benefit recipient

Name one or more recipients to receive this benefit:

Person

Estate

Trust

Parochial institution

Charity

Corporation

Public entity

One-time death benefit eligibility

Paid to your designated recipient if your death occurs:

While performing creditable service with at least one year of service credit

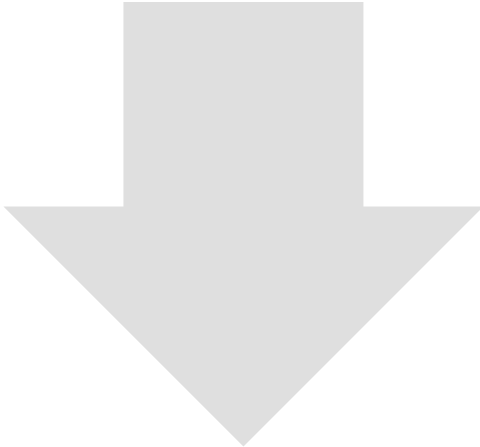
While receiving a service retirement benefit

While receiving a CalSTRS disability benefit

See the *CalSTRS Member Handbook* for more details.

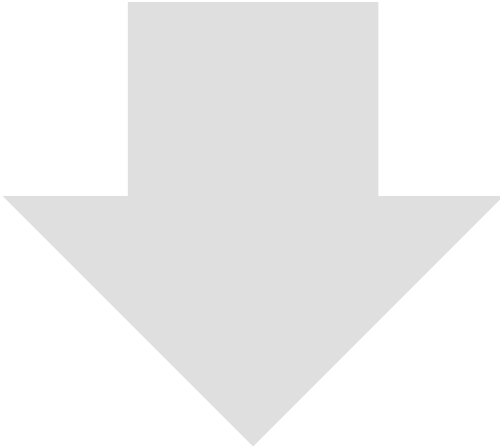
One-time death benefit amount

Coverage
A



Before or after retirement
\$6,903

Coverage
B



Before
retirement
\$27,612

After
retirement
\$6,903

Recipient designation

Recipient Designation
One-Time Death Benefit/Cash Balance Lump-Sum Payment
MS 0002 rev 09/22



* Your form will be rejected if any required field is left blank.

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 Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections. If you are not sure of your CalSTRS membership, see your most recent Retirement Progress Report, available on myCalSTRS, or call us at 800-228-5453. You may complete and submit this form online using your myCalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically. Check one of the following:

- I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.
- I am a participant of the Cash Balance Benefit Program. My recipient designation is for the 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 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—that are living upon my death—to receive equal amounts, unless otherwise specified, as recipients of any benefits payable under the Teachers' Retirement Law at the time of my death. If any of my primary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining primary recipients. If I survive the primary recipients, I designate the secondary recipients—that are living upon my death—to share equally, unless otherwise specified, as recipients for any benefits payable under law at the time of my death. If any of my secondary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining secondary recipients. 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.

Section 1: Member/Participant Information (*indicates required 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
EMAIL ADDRESS	

Section 2: Primary Recipients (*indicates required information)

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*	
CITY STATE	
<input type="checkbox"/> Person - Relationship: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	SOCIAL SECURITY NUMBER*
<input type="checkbox"/> Organization - Contact Name: <input type="checkbox"/> Trust <input type="checkbox"/> Estate	DATE OF BIRTH/TRUST*
	PERCENTAGE* (MUST TOTAL 100%)



One or more recipients allowed

Person, charity, trust, estate, etc.

Primary and secondary designations

Update through *myCalSTRS*

CalSTRS.com/forms



Your Online Services

As a CalSTRS Representative you may assist customers by selecting from the services below or by using the main drop down navigation menu.



View Your Messages

Receive secure messages in your myCalSTRS Inbox.



Update Your Profile

Keep your personal and myCalSTRS account information up-to-date.



View & Update Your Tax Withholdings

View or update current tax withholdings for your benefit payments.



View Your Retirement Progress Reports

Check your retirement progress and print your report.



Complete & Submit Forms

Find requests, applications and other forms to submit to CalSTRS.



Download Forms & Publications

Download current CalSTRS forms and publications or request by mail.



Access Your Benefit Payments

View and print your benefit payment activity.



Manage Your Beneficiary Selections

Add, edit and/or delete your recipient designations and submit to CalSTRS.



Access Your 1099-R

View, print and save your 1099-R & related documents.



403bCompare

Your guide to choosing the 403(b) retirement savings product that best matches your needs.



Use Our Calculators

Take advantage of our specialized benefit calculators to help you make informed decisions.



Access Your CalSTRS Pension2 Account

Change investments, check balances, request a disbursement. No account? [Enroll Now](#).



Subscribe Now

Get the latest CalSTRS news and email notifications. View [Your Preferences](#) now.



Check Your Email Address

View [Your Profile](#) to ensure you have your preferred email address on file.

A lifetime benefit for your survivors

Elect an option benefit

What?

Distribute your benefit over your lifetime and the lifetime of your option beneficiaries

When?

As soon as you're eligible to retire (preretirement election)

At retirement on your *Service Retirement Application*

Option choices

100% Beneficiary Option

75% Beneficiary Option

50% Beneficiary Option

Compound Option

Any option you choose will result in a decrease to the amount of your monthly benefit (Modified Benefit)

Option factor

Percentage used to calculate the modified benefit

Option factor is based on:

Your age

Age of your option beneficiary

Option you elect

Date of election

Edwin's option beneficiary

Let's assume:

Edwin plans to retire at age 61

He plans to name his wife, Rosa, as his option beneficiary

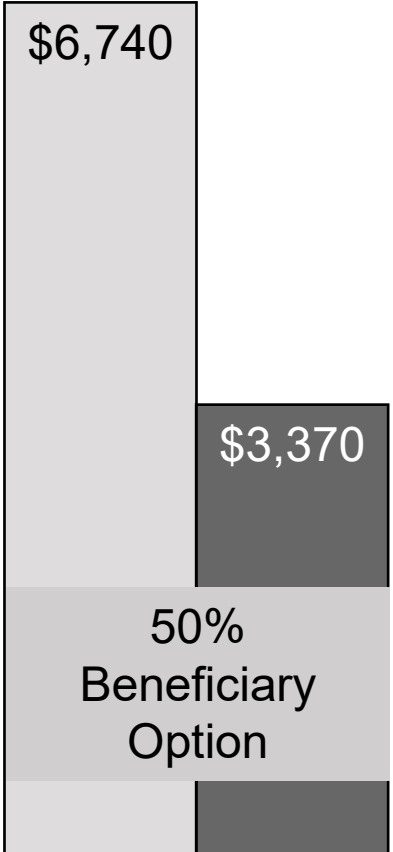
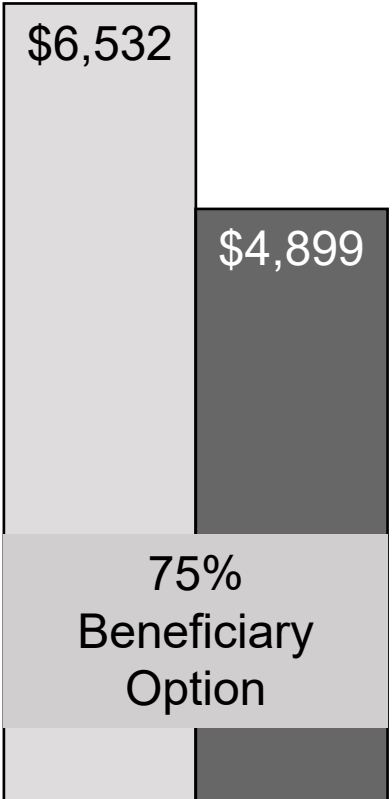
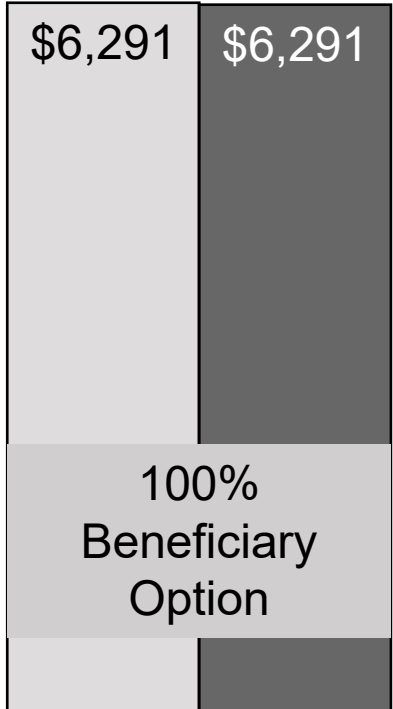
Rosa will be 59 when he retires

He wants to name her on his retirement application

Edwin's beneficiary option estimate

Edwin's Modified Benefit Rosa's lifetime benefit upon Edwin's death

\$7,131
Edwin's Member-Only Benefit



\$7,131
Edwin's benefit if his option beneficiary dies after he retires

Edwin's beneficiary option estimate

Member-Only Benefit	Beneficiary option	Option factor	Modified Benefit	Beneficiary benefit
\$7,131	100%	0.8822	\$6,291	\$6,291
\$7,131	75%	0.9160	\$6,532	\$4,899
\$7,131	50%	0.9451	\$6,740	\$3,370

Electing an option at retirement

Service Retirement Application
SR0059 rev 12/22

For CalSTRS' Official Use Only

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 65
Sacramento, CA 95851-6275
800-228-5453
CalSTRS.com

With my signature on page 10, I certify that I have read the instructions and the booklet, *Your Retirement Guide*, and I am applying for service retirement.

Section 1: Member Information

Client ID Number OR Social Security Number

Last Name

First Name MI

Mailing Address Email Address

City State ZIP Code

Date of Birth (MM/DD/YYYY) Home Telephone Alternate Telephone

Section 2: Retirement Information

- -

Retirement date (MM-DD-YYYY) This date must be at least one day after your last date of work. Your first benefit payment will be calculated from this date through the end of the month in which you retire.

- -


Last date of work, vacation or compensated approved leave (MM-DD-YYYY) This date must be at least one day before your retirement date.

I am electing retirement under the Reduced Benefit Election and have attached form to my retirement application. 

Other Public Retirement Systems
If you are a member of any of the following California public retirement systems between your CalSTRS retirement date and the other public system's retirement date, mark the other system's final compensation for service that does not overlap. Mark all that apply.

I am a member of the following California public retirement systems:
 CalPERS SFERS LRS UCRS 1937 ACT COUNTY

My retirement dates from other systems are (MM/DD/YYYY)

 SR0059  SR APP

Elect on *Service Retirement Application*

Can name a special needs trust

Choose from 100%, 75%, 50% or Compound Option

Can be completed in *myCalSTRS*

CalSTRS.com/forms

Preretirement election of an option

Eligibility to retire

Minimum requirements

Age 55 with five years of service credit

Early retirement

Age 50 with 30 years of service credit (CalSTRS 2% at 60 only)

Concurrent retirement

Age 55 with fewer than five years of service credit if retiring for service with a concurrent retirement system

Advantages and disadvantages

Advantages

Secure coverage for beneficiary if you should die before retirement

Option factor tends to be higher the earlier you elect an option

Disadvantages

Subject to an assessment if you change or cancel your option or if your beneficiary dies before you retire

Assessment can reduce your future monthly benefit

Beneficiary option estimate with preretirement election of an option (PRE)

Member-Only Benefit	Beneficiary option	Modified Benefit	Modified Benefit with PRE	Beneficiary benefit	Beneficiary benefit with PRE
\$7,131	100%	\$6,291	\$6,446	\$6,291	\$6,446
\$7,131	75%	\$6,532	\$6,645	\$4,899	\$4,984
\$7,131	50%	\$6,740	\$6,816	\$3,370	\$3,408

Preretirement election of an option

Preretirement Election of an Option
SR 0307 rev 01/19

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

Please read the instructions before completing this form.
For an Election or Change, complete all sections.
For a Cancellation, complete sections 1, 2 and 5.

Section 1: Election, Change, Cancellation
Choose one:

Election I am eligible to retire but do not wish to retire at this time. I am making the following Preretirement Election of an Option. I understand that if I change or cancel this election at a later date, it may result in an assessment to my retirement benefit, which may reduce the amount of my benefit for life.

Change I revoke any previous Preretirement Election of an Option I made. I am making the following preretirement election change. I understand this will result in an assessment to my retirement benefit, which may reduce my benefit for life. There is no penalty for changing to a special needs trust if the beneficiary remains the same.

Cancellation I revoke any previous Preretirement Election of an Option I made. I understand this will result in an assessment to my retirement benefit, which may reduce my benefit for life.

Section 2: Member 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 _____

EMAIL ADDRESS _____ GENDER: MALE FEMALE NONBINARY

If you're a member of any of the following California public retirement systems, indicate below.
 CALPERS SFERS LRS UCRS 1937 ACT COUNTYNAME _____

Section 3: Option Election I have read the descriptions of the options, and I elect one of the following:
 100% Beneficiary Option 75% Beneficiary Option 50% Beneficiary Option

Section 4: Beneficiary Information

Enter your beneficiary information. If you are electing a special needs trust, please check the box, provide your beneficiary information and complete the *Certification of a Special Needs Trust* form, available at CalSTRS.com/forms, which must be submitted with this form.

I am electing a special needs trust.

BENEFICIARY'S NAME (LAST, FIRST, INITIAL) _____ BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID _____


MAILING ADDRESS _____ DATE OF BIRTH (MM/DD/YYYY) _____

CITY _____ STATE _____ ZIP CODE _____ HOME TELEPHONE _____

EMAIL ADDRESS _____ GENDER: MALE FEMALE NONBINARY

Is your beneficiary a CalSTRS member? Relationship:
 YES NO SPOUSE REGISTERED DOMESTIC PARTNER OTHER

If your beneficiary is not a member of CalSTRS, you must attach birth date verification.
 STATE-ISSUED ID BIRTH CERTIFICATE U.S. PASSPORT ID OTHER

 SR0307

PRERETIREMENT ELECTION OF AN OPTION • REV 01/19 • PAGE 1 OF 2

Preretirement Election of an Option continued

CALSTRS
HOW WILL YOU SPEND YOUR FUTURE?

Name _____ Client ID or SSN _____

Section 5: Required Signatures

I have read and I fully understand the instructions for the Preretirement Election of an Option. I fully understand that:

- This election does not constitute an application for service retirement. I still must submit the Service Retirement Application to receive a service retirement benefit.
- If my option beneficiary predeceases me before my retirement date or if I cancel or change this option election before service retirement, my service retirement benefit may be reduced for life for each year or portion of a year this option election was in force.
- After I retire, if I keep this option election in place, I cannot change this option election after 30 days from the date my first benefit payment is issued unless my option beneficiary predeceases me; or my option beneficiary is my spouse or registered domestic partner and a final decree for a dissolution of marriage, annulment, dissolution or termination of partnership, or action for separate maintenance, has been entered on or after January 1, 1978; or my option beneficiary is not my current or former spouse or registered domestic partner and I change my election to my current spouse or partner.
- My option and beneficiary must remain the same for one year following a reinstatement.
- Under Coverage A, although I may receive a disability benefit and maintain this option election, my otherwise qualified survivors will not be entitled to a survivor benefit in the event of my death unless this option election has been canceled using a Preretirement Election of an Option form before the date of my death.
- Under Coverage B, my otherwise qualified survivors will not be entitled to a survivor benefit in the event of my death unless this option election has been canceled using a Preretirement Election of an Option form before the date of death. On the effective date of my disability retirement, this option election will become void.
- Court-ordered option elections: A divorced member or member who is a party to a dissolution of domestic partnership who is required to elect a discontinued option (2, 3, 4, 5, 6 or 7) may do so if CalSTRS has previously received and approved a certified court order filed before January 1, 2007.
- If upon my death I am a concurrent member with less than five years of CalSTRS service credit and I am not eligible for concurrent retirement, this election is void.

Check all that apply to your current and any previous marital status.

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 registered domestic partner was awarded a portion of my CalSTRS benefits.

I have been divorced or have terminated a registered domestic partnership and my former spouse or registered domestic partner was not awarded a portion of my CalSTRS benefits.

Required Signatures (CalSTRS must receive your form within 30 days of both signature dates and before your retirement date.)
I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

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).

MEMBER'S SIGNATURE _____ SIGNATURE DATE (MM/DD/YYYY) _____

CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE _____ SIGNATURE DATE (MM/DD/YYYY) _____

PAGE 2 OF 2 • REV 01/19 • PRERETIREMENT ELECTION OF AN OPTION



CalSTRS.com/forms

Compound Option

Preretirement Compound Option election

Provides various choices to meet your needs:

Member-Only

Beneficiary Option

Member-Only

Beneficiary Option

Beneficiary Option

Beneficiary Option

Beneficiary Option

Janice's option beneficiaries

Let's assume:

Janice is retiring in June

She has two adult children

Janice wants to leave money for both daughters after passing

Janice will elect a Compound Option

Janice's option beneficiaries

Let's assume:

Janice will be 67 at retirement

Her daughters will be 42 and 40

Janice plans to elect the compound option **before** she retires

Federal age restrictions will apply

Federal age restrictions

75% Beneficiary Option

Beneficiary can't be more than exactly 19 years younger than you

100% Beneficiary Option

Beneficiary can't be more than exactly 10 years younger than you (Compound Option only)

Restrictions do not apply to spouse or former spouse

Janice's Compound Option estimate with a preretirement election

Member-Only Benefit	Beneficiary name	Option	Percentage of benefit	Modified Benefit	Beneficiary benefit
\$6,205	Sara	50%	50%	\$2,656	\$1,328
\$6,205	Kelley	50%	50%	\$2,665	\$1,332

Estimated amount Janice will receive in retirement:

\$5,321

Compound Option election

Member-Only

Beneficiary Option



Janice's Compound Option estimate with a preretirement election

Member-Only Benefit	Beneficiary name	Option	Percentage of benefit	Modified Benefit	Beneficiary benefit
\$6,205	Member		80%	\$4,964	\$0
\$6,205	Sara	50%	10%	\$531	\$266
\$6,205	Kelley	50%	10%	\$533	\$266

Estimated amount Janice will receive in retirement:

\$6,028

Electing a Compound Option

Preretirement Compound Option Election

SR 0365 rev 01/19

Please read the instructions before completing this form.
For an Election or Change, complete all sections.
For a Cancellation, complete sections 1, 2 and 4.



_____ number of additional pages attached

Section 1: Election, Change, Cancellation

Choose one:

- Election** I am eligible to retire but do not wish to retire at this time. I am making the following Preretirement Compound Option Election. I understand that if I change or cancel this election at a later date, it may result in an assessment to my retirement benefit, which may reduce the amount of my benefit for life.
- Change** I revoke any previous preretirement election I made. I am making the following preretirement election change. I understand this will result in an assessment to my retirement benefit, which may reduce my benefit for life.
- Cancellation** I revoke any previous Preretirement Compound Option Election I made. I understand this will result in an assessment to my retirement benefit, which may reduce my benefit for life.

Section 2: Member 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 _____

EMAIL ADDRESS _____ GENDER: MALE FEMALE NONBINARY

If you're a member of any of the following California public retirement systems, indicate below.

CALPERS SFERS LRS UCRS 1937 ACT COUNTY/NAME _____

Section 3: Benefit Allocation/Option Beneficiary Designation

Each one of your beneficiaries must be a living person or special needs trust. Your option beneficiaries cannot be another type of trust, corporation, charity, estate or other entity.

For each option beneficiary, elect one of the following: 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option, and then allocate a percentage of your Member-Only Benefit. (Age restrictions apply for nonspouse option beneficiaries. For details, see the Instructions section.) CalSTRS cannot process your Preretirement Compound Option Election if the total allocation of the option benefits given to your option beneficiaries, including any Member-Only Benefit percentage you retain, does not equal 100 percent. (See Instructions.)

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. For more information, contact our Legal Office at 916-414-1725.

- Provide all the information requested for each option beneficiary, including birth date verification.
- 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.



SR0365

PRERETIREMENT COMPOUND OPTION ELECTION • REV 01/19 • PAGE 1 OF 4

Service Retirement Application

SR0059 rev 12/22

For CalSTRS' Official Use Only



With my signature on page 10, I certify that I have read the instructions and the booklet, *Your Retirement Guide*, and I am applying for service retirement.

Section 1: Member Information

Client ID Number _____ OR Social Security Number _____

Last Name _____

First Name _____ MI _____

Mailing Address _____ Email Address _____

City _____ State _____ ZIP Code _____

Date of Birth (MM/DD/YYYY) _____ Home Telephone _____ Alternate Telephone _____

Section 2: Retirement Information

Retirement date (MM-DD-YYYY) _____ This date must be at least one day after your last date of work.
Your first benefit payment will be calculated from this date through the end of the month in which you retire.

Last date of work, vacation or compensated approved leave (MM-DD-YYYY) _____
This date must be at least one day before your retirement date.

I am electing retirement under the Reduced Benefit Election and 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 and you did not perform service between your CalSTRS retirement date and the other public system's retirement date, you may be able to use the other system's final compensation for service that does not overlap. Mark all that apply and your retirement dates.

I am a member of the following California public retirement systems:

CALPERS SFERS LRS UCRS 1937 ACT COUNTY -- County Name _____

My retirement dates from other systems are (MM/DD/YYYY) _____



SR0059

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CalSTRS.com/forms

Let's review

Monthly survivor benefit

If death occurs before retirement

With preretirement election of an option:

Beneficiary will receive a lifetime monthly benefit

Paid as if you retired on the date of death

Without preretirement election of an option:

Survivors *may* be eligible for a lifetime monthly benefit

Monthly survivor benefit

If death occurs after retirement

If you elect an option:

Monthly retirement benefit will be reduced

Option beneficiary will receive a lifetime monthly benefit after your death

Reduction is eliminated if beneficiary dies first

Monthly survivor benefit

If death occurs after retirement

If you do **NOT** elect an option:

Full retirement benefit

Lifetime benefit ends with your death

Recipient or estate will receive remaining balance of contributions and interest as a lump-sum payment

Defined Benefit Supplement

Defined Benefit Supplement before retirement

If one-time death benefit recipient is named:

Account balance is distributed to one-time death benefit recipient

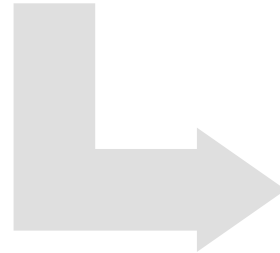
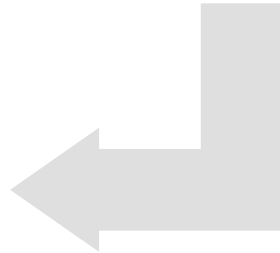
If one-time death benefit recipient is **not** named:

Account balance will go to estate

Defined Benefit Supplement at retirement

Defined Benefit Supplement
account balance at retirement

Less than
\$3,500



\$3,500
or more



You must receive the account balance
as a lump-sum payment



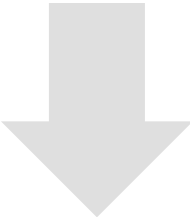
You can choose how
to receive your distribution

Defined Benefit Supplement account distribution

Defined Benefit Supplement account balance of \$3,500 or more



Defined Benefit:
Member-Only Benefit



Lump-sum payment

Lifetime Member-Only Annuity

Period-certain annuity

Combination lump sum and annuity

Defined Benefit:
Modified Benefit



Lump-sum payment

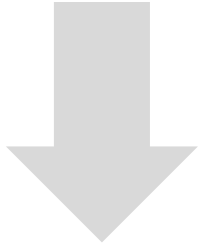
Lifetime Beneficiary Annuity

Period-certain annuity

Combination lump sum and annuity

Defined Benefit Supplement lifetime annuity

Defined Benefit:
Modified Benefit

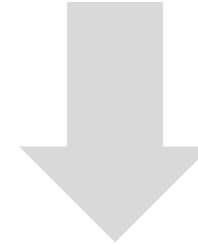


Beneficiary named

Option selected

Compound Option

Defined Benefit Supplement:
Modified Annuity



Beneficiary named

Option selected

Compound Option



Defined Benefit Supplement account distribution

If death occurs after retirement

If you elect a beneficiary annuity:

Your option beneficiary will receive a lifetime monthly annuity

If you elect a period-certain annuity:

Remaining annuity will continue to be paid to your one-time death benefit recipient

Or a lump sum will be paid to your estate

Defined Benefit Supplement account distribution

If death occurs after retirement

If you do **not** elect an annuity:

There is no balance to be paid to your one-time death benefit recipient or estate

Edwin's Defined Benefit Supplement account distribution

Scenario 1

Edwin named his wife, Rosa, as an option beneficiary for his Defined Benefit account

He qualifies to elect a modified benefit

Edwin chooses the 50% Beneficiary Annuity

After Edwin's death, Rosa will collect a benefit from both the Defined Benefit and Defined Benefit Supplement

Edwin's Defined Benefit Supplement account distribution

Scenario 2

Edwin elected to receive the Member-Only Benefit for his Defined Benefit account

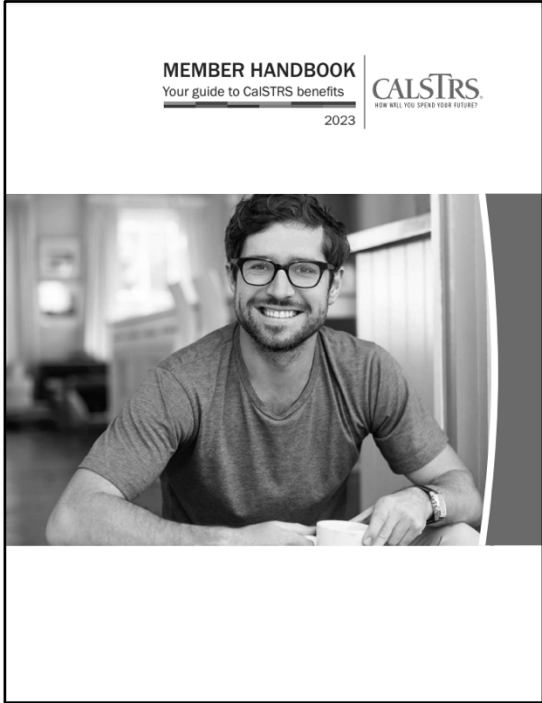
He qualifies to elect a Member-Only Benefit

Edwin chooses the Member-Only Annuity

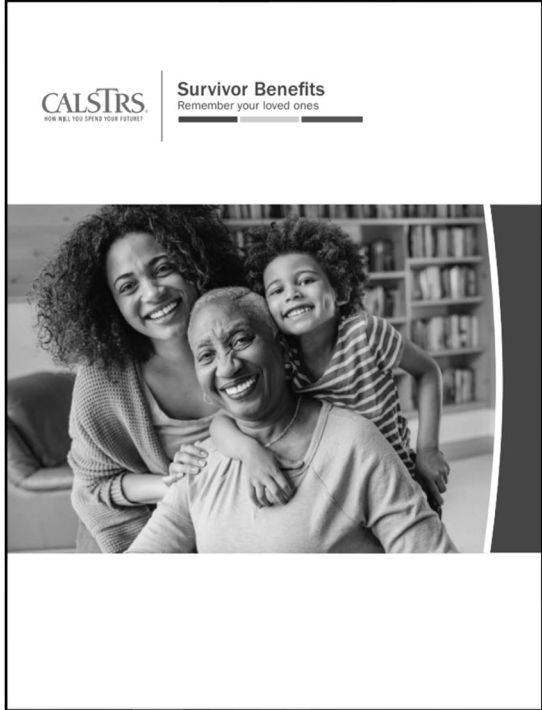
After Edwin's death, Rosa will collect any remaining account balance

Resources

CalSTRS.com/publications



Member Handbook



Survivor Benefits

CALSTRS

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- Create your *myCalSTRS* account
- Review your CalSTRS *Retirement Progress Report* annually
- Subscribe to CalSTRS' online newsletter
- Verify your one-time death benefit information is current

Next steps

Visit **CalSTRS.com/calculators** to estimate your benefit

Talk to a financial advisor

Submit the forms to elect an option

Review and update your one-time death benefit recipient

For more information

Online resources

CalSTRS.com

myCalSTRS

*Retirement
Progress Report*

Benefits planning session

Attend a group session

Attend a workshop or webinar

Financial Awareness Series

- Save for Your Future
- Plan for Your Future
- Protect Your Future

CalSTRS.com/workshops
CalSTRS.com/webinars

Questions?

CalSTRS.com
myCalSTRS

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Monday – Friday
8 a.m. – 5 p.m.

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