Reduced Benefit Election-Instructions

Before electing the Reduced Benefit Election, talk to a CalSTRS benefits specialist and read the applicable section of the *Member Handbook* to make sure you fully understand the program and how it affects your retirement benefit.

Complete this form and submit it with your *Service Retirement Application* to elect a reduced benefit under the 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 this alternate program. See the *Your Retirement Guide* booklet for more information.

You are not eligible for this program if you previously received a service retirement or a Coverage A or Coverage B disability benefit from CalSTRS, are applying for service retirement while your disability application is being evaluated, or are a CalSTRS 2% at 62 member.

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. Your benefit will begin to accrue annual benefit adjustments at age 60 but you will not receive adjustment payments until you start receiving your normal retirement benefit.

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

If you wish to cancel your election, CalSTRS must receive the *Service Retirement Application Change Request* form no later than 30 days from the date your first benefit payment is issued.

SECTION 1-MEMBER INFORMATION

Be sure your name is written 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. Include your telephone number so we can contact you if we have any questions.

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

Check all boxes that apply, then sign and date your *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.

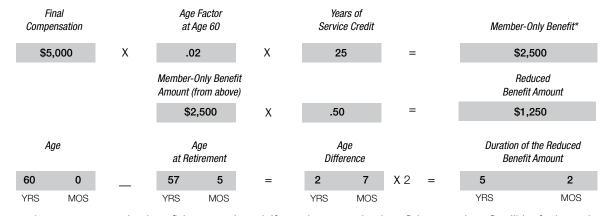
If your spouse or registered domestic partner does not sign the *Reduced Benefit Election* form, you must include a signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, available at CalSTRS.com/forms, with your application.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or registered domestic partner, check the box that indicates this. 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.

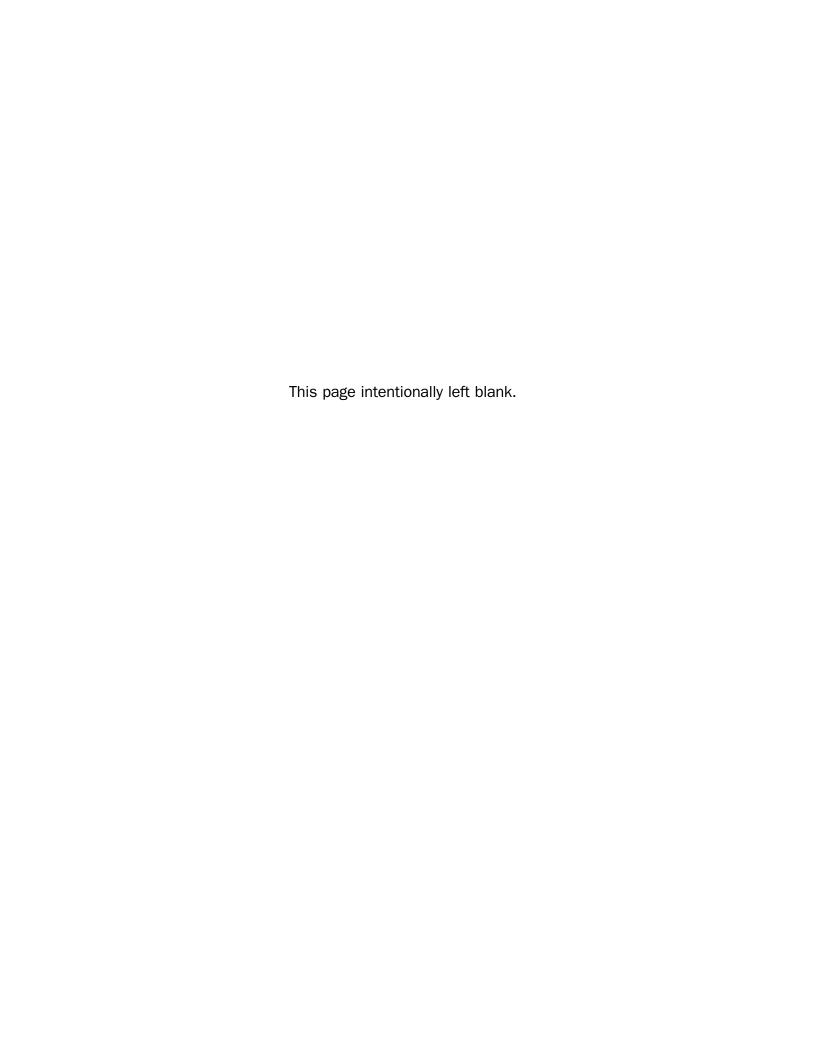
Reduced Benefit Election Example

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 begin to accrue annual benefit adjustments at age 60 but would not receive adjustment payments until he or she starts receiving the Member-Only Benefit amount.

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



^{*}This example assumes no option beneficiary was elected. If you elect an option beneficiary, your benefit will be further reduced.



Reduced Benefit Election

SR 1613 rev 01/19



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**, complete, sign, date and submit this form with your Service Retirement Application. You must be at least age 55, but under age 60, have at least five years of service credit and meet the other requirements to apply for retirement under the Reduced Benefit Election.

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You can use your *my*CalSTRS account at myCalSTRS.com to complete and submit your form online.

Section 1: Mem	ber 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: Redu	ced Benefit Election			
I have read and understand the description of the Reduced Benefit Election in the instructions and the Your Retirement Guide booklet 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				
Check all that apply to your current and any previous marital status.				
\square 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 this form. I have completed, signed and enclosed the <i>Justification for Non-Signature of Spouse or Registered Domestic Partner</i> 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 registered domestic partner was awarded a portion of my CalSTRS benefits.			
	I have been divorced or terminated a registered domestic partnership and my former spouse or registered domestic partner was <i>not</i> awarded a portion of my CalSTRS benefits.			



Reduced Benefit Election continued



Name	Client ID or SSN	
Section 3: Requi	red Signatures continued	
I certify that I have re I understand that wh only able to change r	ead the Reduced Benefit Election Instructions and the Nen my Reduced Benefit Election is accepted with my Smy election if CalSTRS receives the Service Retirements after the date my first benefit payment is issued.	Service Retirement Application, I am
benefit will continue	ceive one-half of the monthly retirement benefit calcular for the same number of months after age 60 that I rece normal retirement benefit.	
including a false state to obtain, receive, co in penalties, including 22010). It may also re I certify under penalt	rime to fail to disclose a material fact or to make any krement regarding my marital status, for the purpose of uportinue, increase, deny or reduce any benefit administeg restitution, of up to one year in jail and/or a fine of uppesult in any document containing such false representaty of perjury under the laws of the State of California that jury is punishable by imprisonment for up to four years	using it, or allowing it to be used, red by CalSTRS and it may result to \$5,000 (Education Code section at the foregoing is true and correct.
MEMBER'S SIGNATU	RE	SIGNATURE DATE (MM/DD/YYYY)
CURRENT SPOUSE'S	OR REGISTERED DOMESTIC PARTNER'S SIGNATURE	SIGNATURE DATE (MM/DD/YYYY)