

Your Retirement Guide 2009

Retirement Guide and Instructions for
Defined Benefit Members



CALSTRS
HOW WILL YOU SPEND YOUR FUTURE?

This booklet contains information and forms for a CalSTRS Defined Benefit service retirement. If you think you may be eligible for a disability benefit, complete the application for disability benefits. If you are applying for a disability benefit, 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.

For more information, please contact us at 800-228-5453.

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CalSTRS is governed by the Teachers' Retirement Law. The information in this booklet is general. If there is a conflict between the law and this booklet, the law prevails.

Your CalSTRS Retirement Timeline

Like any other important event in your life, applying for retirement takes time. To give you an idea of what to do and when, here is a timeline of events that may occur from the year before your retirement up to your first benefit payment. Your specific timeline, however, may differ.

What to do	When
Step 1	
Plan and research your retirement decisions (pages 3–15)	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 application and other forms (pages 16–50)	Signed forms must be received by CalSTRS: <ul style="list-style-type: none"> • No earlier than six months before your retirement date • No later than the last day of the month in which you retire
Step 3	
CalSTRS sends your initial benefit payment (page 19)	Within 45 days after your retirement or the date your application is received, whichever is later. <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>

Congratulations

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 to ensure your retirement is all you want it to be. 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 the CalSTRS Retirement Check-Up Workshop and one-on-one appointments with our benefits counselors. Taking advantage of these resources will help you make informed retirement decisions. If you have questions, e-mail us at www.CalSTRS.com/contactus or call 800-228-5453.

You can be assured that your retirement plan is a defined benefit program. This means your monthly pension is guaranteed for your life and the life of your beneficiaries, if you choose. Your monthly benefit is based on your age, salary and years of service credit, not on how much is in your CalSTRS account.

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 step-by-step instructions for completing the forms. You will also find information to help you plan and prepare for your retirement, including helpful checklists. There is also a glossary of retirement terms on page 51.

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



You are approaching one of life's most important passages—retirement from your working career.

Planning Checklist

Use this checklist to help you plan and research your retirement.

- Attend a CalSTRS Retirement Check-Up Workshop** and consider attending a Retirement Income Management Workshop. For dates and locations near you, visit www.CalSTRS.com (select *Counseling/Workshops* under *Tools*) or call 800-228-5453.
- Talk with a CalSTRS benefits counselor.** See page 5 for information on scheduling an appointment.
- Estimate your monthly benefit** using the online calculator at www.CalSTRS.com/calculators or the benefit estimate worksheet in the *Member Handbook*.
- Consider whether you want to purchase additional service credit now** to increase your benefit if you did not purchase it earlier in your career. For more information, view or request a copy of our *Purchase Additional Service Credit* booklet by going to www.CalSTRS.com (select *Forms and Publications* under *Tools*) or calling 800-228-5453.
- 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 *Pre-Retirement Election of an Option* form is available online at www.CalSTRS.com or by calling 800-228-5453.
- Read our brochure, *Tax Considerations for Rollovers***, before taking any lump-sum payments. You will find the brochure online at www.CalSTRS.com or call 800-228-5453 to request a copy.
- Gather clear, unaltered photocopies of the following documents.** If you elected an option beneficiary before retirement and previously submitted documentation, you do not need to include the documents in the first two bullets.
 - » Birth certificate or other acceptable verification of birth date, such as a certified birth record or a photocopy of the passport photo page, for your option beneficiary, if you are selecting an option at retirement.
 - » 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.
 - » A complete copy of community property settlement documents specifying the distribution of retirement benefits, if you are divorced or have terminated your registered domestic partnership. For more information, see our booklet, *Community Property Information*, at www.CalSTRS.com or request a copy by calling 800-228-5453.
- Check to see if pending or new legislation may affect your benefits** and influence the timing of your retirement. Sources include your legislative representative, your union representative or www.CalSTRS.com.

Step 1: Plan and Research Your Retirement Decisions

Now that you are thinking about retiring, you have choices to research and decisions to make. You are encouraged 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 you.

Unfamiliar with a term? See the glossary on page 51.

Benefits Counselors

Our benefits counselors can help you plan your 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.

To schedule a one-on-one meeting with a benefits counselor or register for a workshop, contact one of our local offices (see next page). You can also schedule a telephone interview by calling 800-228-5453 or register for a workshop online at www.CalSTRS.com. Appointments are usually scheduled about four weeks in advance.

Questions to Answer

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

- Am I eligible to retire?
- Do I want to receive retirement benefits while I wait for a decision on my application for disability benefits?
- How much will my benefit be each month?



- Do I want to provide a monthly benefit to someone after I die?
- How do I want my Defined Benefit Supplement to be paid?
- Do I want to take part of my retirement benefit as a lump sum?
- What if I am retiring from another California public retirement system?

Careful planning and research will help you answer these questions before you complete your *Service Retirement Application*. To assist you with each decision, turn to our Web site at www.CalSTRS.com, the *Member Handbook* and your most recent *Retirement Progress Report*.

Your *Retirement Progress Report*, mailed to you late in the year and available on *myCalSTRS* at www.CalSTRS.com, includes your annual statement of accounts and other retirement planning information. You are also encouraged to talk with one of our benefits counselors.

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	805-383-1993	M-F 7:30-5
Colton Apple Valley, Indio, Murrieta, Rancho Cucamonga, Riverside	909-433-4686	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
Elk Grove	800-228-5453	M-F 7-6
Eureka	707-441-3953	M-F 8-5
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
Hayward	510-670-4200	M-F 7:30-3:30
Los Angeles Antelope Valley, Downey, Los Angeles (downtown), Reseda	562-922-6838	M-F 8-4:30
Marysville	530-749-4979	M-F 8:30-5
Modesto	209-238-1614	M 8-2:30 T 8-4:30 W, TH 8-12
Monterey Park	323-780-3961	M, T 9-5 Sat 9-1
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
Salinas	831-784-4195	M-F 7:30-5
San Diego	619-718-6783	M-F 8-5
San Francisco	415-241-6101 ext. 3286	M-F 11-4
San Jose	408-535-6171	M-F 8-4:30
Santa Ana	714-466-8450	M-F 9-1
Santa Barbara Santa Maria	805-964-4710 ext. 2400 805-928-0542	M-F 8:30-4:30
Santa Cruz	831-466-5600	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

Note: Please call each office for its summer schedule hours.

Your Retirement 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 age 50 and have at least 30 years of service credit, or age 55 and have at least five years of service credit. You will 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 12 for more information and a list of eligible systems.

Do I want to receive retirement benefits while I wait for a decision on my application for disability benefits?

If you are eligible to retire and you are applying for disability benefits, you may receive retirement benefits while you wait for a decision on your disability benefits application. You will not be eligible, however, to participate in the Early Retirement Limited Term Reduction Program or to receive a partial lump-sum payment. In addition, your retirement benefit will not include service credit for unused sick leave while your application for disability benefits is being evaluated.

If your disability application is not approved, you will remain in service retirement status. We will add any service credit for unused sick leave to your account and recalculate your benefit based on the additional service credit.

How much will my benefit be each month?

Your benefit will be based on your service credit, age and final compensation. If you did not already receive a benefit estimate from one of our benefits counselors, you can calculate it by using the calculators at www.CalSTRS.com/calculators or the benefit estimate worksheet in the *Member Handbook*.

The amount of your benefit will also depend on any deductions or other factors.

Health Insurance Premium Deductions

CalSTRS does not provide health or dental insurance coverage for our 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 may deduct health premiums from your monthly retirement benefit and forward the premium to your health insurance carrier, if it 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 15). We will set up a deduction after we receive the appropriate paperwork from the association.

Community Property Settlements

If you have been divorced or legally separated or if you have terminated your registered domestic partnership while a CalSTRS member, your monthly benefit may be subject to a community property settlement. We must

To increase your service credit, consider redepositing previously refunded Defined Benefit contributions and interest, if you took a refund, or purchasing additional service credit. For more information, read our booklet, Purchase Additional Service Credit.



have a complete certified copy of the legal document specifying the distribution of retirement benefits which will be reviewed with your application. For more information, see our *Community Property Information* booklet available at www.CalSTRS.com or by calling 800-228-5453.

Retirement Incentives

Check with your employer for a description of current retirement incentive programs that may increase your service credit used to calculate your retirement benefit. 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 employer. This form is located in the Forms section of this booklet.

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, up to two-tenths of one year of unused sick leave can count toward qualifying for the career factor. Service credit from a retirement incentive program or the purchase of nonqualified service credit cannot be used to qualify for the career factor.

Longevity Bonus

Eligibility for the longevity bonus will end December 31, 2010. If you accumulate at least 30 years of service credit anytime before January 1, 2011, CalSTRS will apply the longevity bonus to your retirement benefit automatically. The amount of the bonus will be based on your total years of qualifying service credit:

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

Up to two-tenths of one year of unused sick leave can count toward qualifying for the longevity bonus. Service credit from a retirement incentive or the purchase of nonqualified service credit cannot be used to qualify for the longevity bonus.

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

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

Do I want to provide a monthly benefit to someone after I die?

You can choose whether you want to provide a lifetime monthly benefit to someone when you die. 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 recipient.

If you would like 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 permanently reduce your monthly benefit. 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*. You will find this form in the Forms section of this booklet.

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

To find out how each option would affect your retirement benefit, make an appointment with one of our benefits counselors or use the *Retirement Benefit Calculator* at www.CalSTRS.com/calculators.

Keep in mind that once you retire, you cannot change your option election except under limited circumstances. See the *Member Handbook* for details.

Option Descriptions

Your option choices follow. If your option beneficiary dies before you, your benefit will increase to the Member-Only Benefit for all of the 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.

Compound Option allows three choices. 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

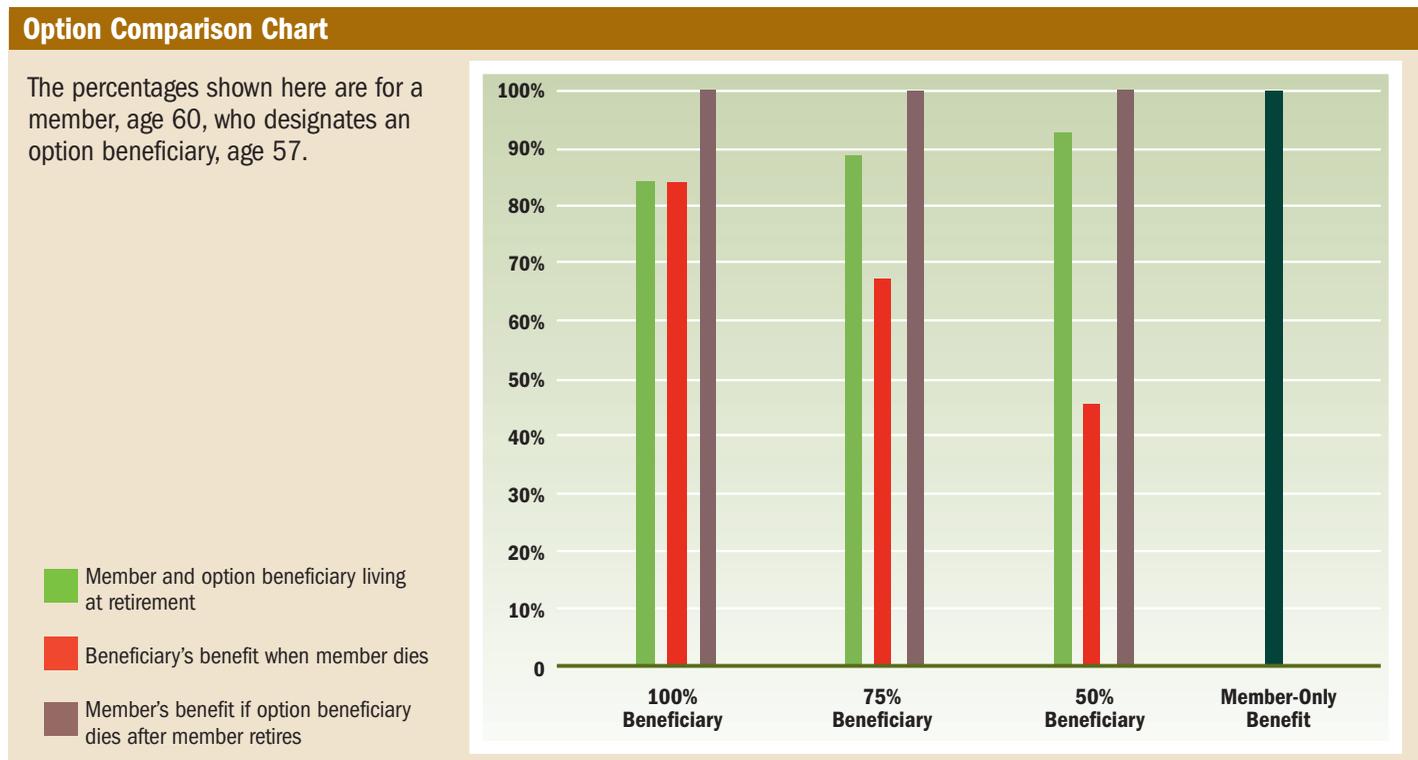
If you name someone other than your spouse or a former spouse to be your option beneficiary, the age of your beneficiary is restricted by federal law:

- 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

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

Comparing the Options

The chart below compares the options. The actual percentage for each option depends on your age and the age of your beneficiary on your retirement date or the date of your pre-retirement election of an option.



Preretirement Election of an Option

A beneficiary option you elect on your *Service Retirement Application* does not go into effect until your retirement date. 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 *Pre-Retirement Election of an Option* form. The form is available at www.CalSTRS.com or by calling 800-228-5453. You can also use the form to make changes to your preretirement election of an option.

IMPORTANT

Before making a preretirement election of an option, keep in mind that 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 any questions, please contact us or talk to one of our benefits counselors.

How do I want my Defined Benefit Supplement to be paid?

If you have performed service in the Defined Benefit Program since 2000, you have a Defined Benefit Supplement (DBS) account with us that has been accumulating contributions and interest. Your most recent *Retirement Progress Report*, which includes your annual statement of accounts, shows the total amount in your DBS account at the end of the last school year.

If you have less than \$3,500 in your DBS 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 retirement plan.

If you have \$3,500 or more in your DBS account, you have more choices for receiving these funds. These choices are described here and depend on whether you decide to take a Member-Only Benefit or elect an option. The *DBS Annuity Estimate* table, available at www.CalSTRS.com/calculators, provides an estimate for each type of annuity based on various account balances and ages at retirement.

Defined Benefit Supplement Payment Descriptions

Choices for the Member-Only Benefit

If you elect the Member-Only Benefit and have \$3,500 or more in your DBS account, you have four DBS payment choices:

- **Lump-Sum Payment** provides a one-time payment of the total amount in your DBS account, either as a direct payment or as a rollover to a qualified plan.
- **Member-Only Annuity** provides a lifetime monthly payment. Any balance remaining upon your death will be paid to your one-time death benefit recipients.
- **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10 years. 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 payable. If you should die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipients.
- **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and one of the annuities above if you have more than \$3,500 in your DBS account.

Choices if You Elect an Option

If you elect an option for your Defined Benefit pension and have \$3,500 or more in your Defined Benefit Supplement account, you have six DBS payment choices. If your option beneficiary dies before you, your benefit will increase to the Member-Only Annuity amount for the following options: 100% Beneficiary Annuity, the 75% Beneficiary Annuity and the 50% Beneficiary Annuity.

- **Lump-Sum Payment** provides a one-time payment of the total amount in your DBS account.
- **100% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiaries. One hundred percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.

- **75% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiaries. Seventy-five percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.
- **50% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiaries. Fifty percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.
- **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10 years. 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 payable. If you die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipient or recipients.
- **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and one of the annuities. To select this choice, you must have \$3,500 or more in your DBS account minus your lump sum.

Your DBS annuity beneficiary is the same person you designated as your Defined Benefit option beneficiary. If you elect the Compound Option for your Defined Benefit pension, you may elect to receive your DBS benefit as any of the annuities listed here. However, the annuity you elected will be the same for each of your annuity beneficiaries, and the apportionment of the benefit will remain the same as it is for your Defined Benefit election.

Nonspouse Defined Benefit Supplement Annuity Beneficiary

If you name someone other than your spouse or a former spouse to be your DBS annuity beneficiary, the minimum age of your beneficiary is restricted by federal law:

- Under the 75% Beneficiary Annuity, your nonspouse annuity beneficiary cannot be more than exactly 19 years younger than you.



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

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

Do I want to take part of my retirement benefit as a lump sum?

If you are eligible when you retire, you can receive a portion of your retirement benefit as a lump sum in exchange for a lower lifetime monthly benefit. You can choose a partial lump sum only if you retire before January 1, 2011. 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.

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

*Using myCalSTRS,
our secure
Web site at
www.CalSTRS.com,
you can get
information about
your accounts
anytime.*

If you are thinking about taking a partial lump sum, be sure to carefully consider your decision and the implications. Take time to thoroughly 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, salary and years of service credit at retirement.

Before your retirement date, use our online *Retirement Benefit Calculator* at www.CalSTRS.com/calculators to get an estimate of the maximum partial lump-sum payment available to you, as well as other amounts, and how each amount would affect your monthly benefit.

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

If you decide to take a partial lump sum, indicate your payment choices and amount in the space provided on your *Service Retirement Application*.

What if I am 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, your benefits could 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
- 1937 Act County Retirement Systems from the following counties:

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

To receive the highest possible benefit amount, ask your CalSTRS benefits counselor during your appointment if you are eligible for a concurrent retirement. For more information, see *Retiring From More Than One Public Retirement System under Your Retirement Benefit in the Member Handbook*.

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

What happens next?

After you have done your research and made your decisions, you are ready to move on to Step 2, where you will complete, sign, date and submit your *Service Retirement Application* and any other forms.

Other Considerations

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 by calling us at 800-228-5453 or visiting www.CalSTRS.com.

About the Medicare Premium Payment Program

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 a district that has completed or is conducting a Medicare Division.*

Social Security Information

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 that 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 all 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, please contact a Social Security representative at 800-772-1213. You can visit the Social Security Administration's Web site at www.ssa.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 at www.ssa.gov. More information is available at www.CalSTRS.com (select *Members*, then *Social Security, CalSTRS and You*).

*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.

Employment After Retirement

The only restrictions on employment after retirement are within California public schools. You may accept employment outside the public school system and continue to receive your retirement benefit with no limitation on your earnings.

Under the California Education Code, you cannot be employed in a classified position while you are retired. The only exception is a teacher's aide position in certain circumstances. You may work in any certificated position, but there is a limit on earnings from public school employment for each school year. The school year is defined as July 1 through June 30. Your retirement benefit will be reduced dollar for dollar by any earnings that exceed the limit up to the annual amount of your retirement benefits. The Teachers' Retirement Board adjusts the earnings limit annually on July 1, based on teacher salary rates. The limit is roughly equal to 50 percent of the average full-time salary of CalSTRS Defined Benefit members. CalSTRS notifies employers and retired members of each year's limit on public school earnings.

If you plan to work in a certificated position in a California public school after retirement, you may not begin earlier than your retirement date. There are some exemptions to the earnings limit. Contact your employer to determine if your employment may qualify for an exemption to the earnings limitation.

If you took advantage of an early retirement incentive, you will lose the full retirement incentive if you return to work in any capacity for the same employer within five years of retirement.

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, 2009, your application must be received no earlier than January 15, 2009, and no later than July 31, 2009.

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

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

To learn how reinstatement could affect your future retirement benefits, please call us at 800-228-5453 to make an appointment with a benefits counselor. You will also find more information in the *Member Handbook*.

To help you make important decisions about your retirement, you may want to read these CalSTRS publications, which are available online at www.CalSTRS.com or by calling 800-228-5453.

- *Member Handbook* • *Tax Considerations for Rollovers* • *Community Property Information*
- *Purchase Additional Service Credit* • *Social Security, CalSTRS and You*



Retired Educator Organizations

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

Association of California School Administrators

1029 J Street, Suite 500
Sacramento, CA 95814
800-890-0325
www.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

1201 Marina Village Parkway, Suite 115
Alameda, CA 94501
510-523-5238
www.cft.org

California Retired Teachers Association

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

California Teachers Association/National Education Association – Retired

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

Faculty Association of California Community Colleges

1823 11th Street
Sacramento, CA 95814
916-447-8555
www.facc.org

United Educators of San Francisco – Retired Division

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

United Teachers Los Angeles – Retired

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



Application Checklist

Before you seal your envelope containing your signed *Service Retirement Application* and any additional forms, use this checklist to be sure you have remembered to include everything. If you do not sign and date your forms or provide required information, the processing of your application will be delayed.

- Complete all applicable sections** on forms, including signatures and dates.
- Sign and date** your *Service Retirement Application* and other forms.
- Include your Client ID number or your Social Security number** on any documents you submit to CalSTRS. Your Client ID can be found on your *Retirement Progress Report*.
- Keep a copy** of all completed forms for your records.
- Do not postpone submitting** your *Service Retirement Application* even if you may obtain and submit required documents later.
- Inform your employer of your retirement date.** Ask your employer to complete the Employer Information section of the *Express Benefit Report* form and to return the form to you.
- Include clear, unaltered photocopies** of any necessary documentation and write your Client ID or Social Security number on them. For your protection, do not send any original documents of a:
 - » Birth certificate or other acceptable verification of date of birth for your option beneficiary, if selecting an option at retirement.
 - » 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.
- Mail your signed and dated** completed *Service Retirement Application* and other forms to:

CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275
- Include a complete copy of community property settlement documents** specifying the distribution of retirement benefits, if you are divorced or have terminated your registered domestic partnership.
- 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.

We recommend you send your application and other documents by certified mail, with return receipt if you want proof of delivery.

You can also hand deliver your application and forms to one of our participating benefits counseling offices. See www.CalSTRS.com/counseling for a current listing.

To make changes after you have submitted your retirement application, complete the *Retirement Application Change Request* form, available at www.CalSTRS.com or by calling 800-228-5453. CalSTRS must receive this form no later than the last day of your retirement month.

Step 2: Complete and Submit Your Forms

When you are ready to complete your *Service Retirement Application* and other forms, be sure to carefully read and follow the specific instructions for each form to help avoid any processing delays. All the forms you need to retire are included in this booklet. You will also find them at www.CalSTRS.com or call us at 800-228-5453 to have the forms mailed to you.

General Instructions

When it comes time to fill out your forms, be sure to:

- Carefully read the instructions for each form.
- Make photocopies of the blank forms beforehand in case you need to start over. You can also download and print new forms from www.CalSTRS.com (select *Forms* and *Publications* under *Tools*). If you need to make a correction, use a new form or draw a line through the error and make your correction, then place your initials next to the change.
- Print clearly in blue or black ink or type all information requested. Do not use pencil, erasable ink or light-colored ink.
- If you are applying for a disability benefit, you may be eligible to receive a service retirement benefit while your application for disability benefits is being evaluated. Please contact us for instructions on how to apply and for important considerations about this program.



CalSTRS must receive your *Service Retirement Application* no earlier than six months before your effective date of retirement and no later than the last day of the month in which your retirement is to be effective.

- 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.

Forms Included in this Guide

The six forms included in this guide are all the forms you need to retire. Read through the list below to determine which forms are specific to your needs, or go directly to the form to see more detailed information. We have included check boxes to help you keep track of the forms you will need. Your retirement may be delayed if you do not complete, sign and date your forms or provide 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

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"/> Express Benefit Report	To have your employer report your unused sick leave before retirement	Speeds up the determination of your final benefit amount
<input type="checkbox"/> One-Time Death Benefit Recipient	To designate one or more people 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"/> 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 it	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, with an option choice for each and, if you so choose, retain a portion of your benefit as a Member-Only Benefit	When you want to elect the Compound Option and are: <ul style="list-style-type: none"> • Submitting a <i>Service Retirement Application</i> for the first time • Changing a previously submitted <i>Service Retirement Application</i>

Step 3: Our Part in Your Retirement Process

You are nearing your retirement date and you have sent your *Service Retirement Application* and any other appropriate forms to CalSTRS. Below is a brief description of what happens next. Refer to the *Member Handbook*, Guidelines for the Service Retirement Application Process under Your Retirement Benefit, for more specific information.

After you submit your <i>Service Retirement Application, CalSTRS...</i>	When
Reviews your packet for all necessary information.	Immediately on receiving your application packet.
Sends a letter to you, acknowledging receipt of your application.	Within two to 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 for us 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 after 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 after 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 first benefit payment is generally adjusted over several months as additional employment information is received from your employer. • Any 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.
Sends your fixed monthly benefit payments. This is the monthly payment amount after all the adjustments have been made.	Ongoing, approximately the first of each month.
Provides an annual benefit adjustment equal to 2 percent of your initial benefit. These adjustments are not compounded.	September 1 of each year, beginning after the first anniversary of your retirement. The adjustment will be reflected in your October 1 payment.



Forms

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

REQUIRED:

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

RECOMMENDED:

- *Direct Deposit Authorization*
- *Express Benefit Report*
- *One-Time Death Benefit Recipient*

SPECIAL CIRCUMSTANCES:

- *Justification for Non-Signature of Spouse or Registered Domestic Partner*
- *Compound Option Election*



Service Retirement Application Instructions

This application is for Defined Benefit members who are retiring. If you think you may be eligible for a disability benefit, complete the application for disability benefits. If you are applying for a disability benefit, 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.

For more information, please contact us at 800-228-5453.

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

SECTION A — MEMBER INFORMATION

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

SECTION B — 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. Your application must be received by CalSTRS no later than the last day of the month you 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. Your application must be received by CalSTRS 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.

Final Compensation: If you have 25 or more years of credited service, your highest average earnable compensation for one school year will be used as your final compensation. Up to two-tenths of one year of unused sick leave can count toward your 25 years of service credit.

If you have fewer than 25 years of service credit, your final compensation is based on your highest average earnable compensation during any period of three consecutive school years.

Exception: If your salary was reduced due to a decrease in school funds, CalSTRS can use any three nonconsecutive school years to determine your final compensation. You must provide certification from your employer.

Exception: If you have fewer than 25 years of service credit and are an eligible classroom teacher, your highest average earnable compensation for one school year will be used as your final compensation if your employer has formally negotiated to participate in the one-year final compensation program. Contact your employer to learn more.

We will search the most recent 15 years of salary information to find the highest applicable period of creditable earnings. If your highest final compensation period occurred more than 15 years ago, you must specify the time period on your *Service Retirement Application*.

Mid-Year Retirement: If 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, here is how to determine your final compensation for a January 1 retirement date:

$\$57,000 \div 12 = \$4,750 \times 6 \text{ months} =$	\$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, especially for those who have 25 or more years of service since final compensation is based on fewer months.

Taking on additional assignments at a lower pay rate may lower your final compensation further 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.

Service Retirement Application Instructions continued

Reduced Workload Program: If you are working under the Reduced Workload Program and retire before the end of the school year, your reduced workload contract will be terminated. This could result in lower service credit and final compensation, which would lower your retirement benefit.

We recommend that you talk to one of our benefits counselors before taking a mid-year retirement or retiring before your reduced workload contract is completed.

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

Reduced Benefit Election (Early Retirement Limited Term Reduction Program): If you are at least age 55, but under age 60, and have at least five years of credited service, you can apply for retirement under this special program. You will receive one-half of 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 your normal service retirement benefit.

Exception: If you are applying for service retirement and disability benefits at the same time, you are not eligible to participate in this program.

Before applying for the Early Retirement Limited Term Reduction Program, we recommend you talk to a CalSTRS benefits counselor to make sure you fully understand the program and how it could affect your retirement benefits.

SECTION C — DEFINED BENEFIT ELECTION

Check one box only to indicate if you are electing 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 entire section only if you are electing an option beneficiary or if you completed the *Pre-Retirement Election of an Option* form to provide a monthly benefit to your option beneficiary if you should die before you retire.

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, make an appointment to talk to a CalSTRS benefits counselor, use the *Retirement Benefit Calculator* at www.CalSTRS.com/calculators or use 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. If you elect the Compound Option, do not enter beneficiary information here. You will need to complete the *Compound Option Election* form instead and include it with your *Service Retirement Application*.

SECTIONS D AND H — TAX WITHHOLDING PREFERENCES

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise on this form. If you do not complete this section of the form, 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 state tax withholding applied, you must check the *Do Not Withhold* box.

Federal law allows lump-sum payments or period-certain annuity payments lasting fewer than 10 years to be rolled over into a qualified plan. If you choose to have payments paid directly to you, we are required to withhold 20 percent for federal taxes. Your 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, please see our brochure, *Tax Consideration for Rollovers*, available at www.CalSTRS.com (select *Forms and Publications* under *Tools*).

Your tax withholding preference will remain in effect until you change or cancel it. You can change or cancel your preference any time by using the new tax withholding feature on *myCalSTRS*. Or complete the *Income Tax Withholding Preference Certificate* form, available at www.CalSTRS.com or by calling 800-228-5453, and send it to us.

Keep in mind that 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 for federal tax if you provide a U.S. address for a nominee, trustee or agent to whom the benefits are to be delivered and you do not provide your own home address in the U.S. or U.S. territories.

Service Retirement Application Instructions continued

Addresses outside California: Federal law prohibits California from taxing pension benefits paid to recipients who live outside the state. Therefore, if you reside outside California, we will not withhold state income tax from your benefit. 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 payment. We cannot withhold income tax for other states.

Addresses outside the U.S.: Federal law requires federal income tax be withheld from any payment that is 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.

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 may use either the federal tax tables with single and one withholding exemption or the flat rate of 30 percent or lower treaty rate payments, if applicable. For more information, see IRS publication 519, *U.S. Tax Guide for Aliens*, available online at www.irs.gov/publications/p519/index.html or by calling 800-829-3676.

For more information on tax liability, please 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 for advice.

SECTION E — PARTIAL LUMP SUM FOR DEFINED BENEFIT PAYMENTS

Complete section E only if you are taking a partial lump sum. Partial lump-sum payments are explained on Step 1 of *Your Retirement Guide*.

You may choose to enter a specific dollar amount that is less than the maximum amount allowable or choose the maximum amount allowable as a partial lump-sum payment.

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

Financial Institution Information

When providing information on your financial institution, do not attach transfer documents. The financial institution address you provide is where CalSTRS will mail your payment. We are not able to process a direct trustee-to-trustee transfer to a financial institution that is outside the U.S.

SECTION F — DEFINED BENEFIT SUPPLEMENT ELECTION

The amount in your Defined Benefit Supplement (DBS) account is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you have choices about how to receive these funds. Step 1 of *Your Retirement Guide* explains the Defined Benefit Supplement choices available. Research and make your choice, then place an X in the appropriate box in section F of your application. If your account balance is less than \$3,500, you must take a lump-sum payment. Mark the Lump-Sum Payment box in section F.

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

SECTION G — 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 in section F.

Federal law allows lump-sum payments or period-certain annuity payments of fewer than 10 years to be rolled over into a qualified plan.

If you chose an annuity payment other than a period-certain annuity of three to nine years, you do not need to complete section G. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefits.

If you would like your payment to be paid directly to you, check one of the boxes under number 1. If you would like to roll over your payment to a financial institution, check one of the boxes under number 2.

Rollover of Tax-Deferred Contributions and Interest

The amount of tax-deferred contributions and interest in your DBS account is shown on your *Retirement Progress Report*. 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.

Service Retirement Application Instructions continued

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. CalSTRS will mail the payment to the financial institution address you provide. We are not able to process a direct trustee-to-trustee transfer to a financial institution outside the U.S.

SECTION I — REQUIRED SIGNATURES

Please 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.

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 while a member, we may request that you provide a judgment of dissolution or legal separation, or termination of domestic partnership.

SUBMITTING YOUR APPLICATION

Mailing Address

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

We recommend that you mail your application by certified mail, with proof of delivery.

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 Number

916-414-5040

Hand Delivery

You can hand-deliver your application to a local CalSTRS benefits counseling office. For a current listing, visit www.CalSTRS.com/counseling.

QUESTIONS?

If you have questions, call us toll free at 800-228-5453 or e-mail your questions to us using your *myCalSTRS* account or at www.CalSTRS.com (select *Contact Us*).

RETIREMENT CHANGE REQUESTS

If you have already submitted your *Service Retirement Application* and want to make a change, you must complete the *Retirement Application Change Request* form, available at www.CalSTRS.com or by calling 800-228-5453. This form lets you change your retirement date, option, option beneficiary, Defined Benefit Supplement choices, partial lump-sum choice or your participation in the Early Retirement Limited Term Reduction Program.

CalSTRS must receive this form by the last day of your retirement month. It must include the signature of your spouse or registered domestic partner, if applicable.

NAME OR ADDRESS CHANGE

Notify us immediately in writing 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 online at www.CalSTRS.com (select *Forms and Publications*) or by calling 800-228-5453.

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

Service Retirement Application

(SR 0059, rev. 6/09)

CALSTRS

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

With my signature on the last page, I certify that I have read the attached instructions and the booklet, *Your Retirement Guide*, and I hereby apply for service retirement. I fully understand that if my retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date I have requested on this application, provided my application is received by CalSTRS no later than the last day of the month in which I request to retire.

Section A: Member Information

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

Section B: Retirement Information

Retirement Date (MM/DD/YYYY)
(Read the Service Retirement Application Instructions if you are retiring mid-year or before your Reduced Workload Program contract ends.)

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

Final Compensation

If your highest earnable salary period was more than 15 years ago, enter the beginning date of that period:

MM/DD/YYYY

Other Public Retirement Systems

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

CalPERS SFERS LRS UCERS 1937 ACT COUNTY—County Name _____

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

Reduced Benefit Election (Early Retirement Limited Term Reduction Program)

By checking this box I elect to have my monthly retirement benefit amount reduced by 50 percent and acknowledge this election will be irrevocable after the last day in the month my retirement becomes effective. I understand that my benefit will be calculated as if I were age 60, that the reduced benefit will continue for the same number of months after my 60th birthday as it was in effect before my 60th birthday, and that after this period I will receive my full monthly retirement benefit.

* Your Client ID can be found on your *Retirement Progress Report*.



SR0059

Name (Last, First, Initial) _____ Client ID or SSN _____

Section C: Defined Benefit Election

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

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

Modified Benefit

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

Please 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, please complete a new *Pre-Retirement Election of an Option* form. Your form must be signed and dated before the effective date of your retirement. Go to section D.)

I am electing an option at retirement. 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 (complete the beneficiary information below):

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option (If you check this box, complete the *Compound Option Election* form.)

My option beneficiary for this *Service Retirement Application* is listed below. (If you have chosen the Compound Option, complete the *Compound Option Election* form.)

Beneficiary Name (Last, First, Initial)	Social Security Number	
Address (Street)	(Apt #)	
City	State	Zip Code
()	()	
Home Telephone	Work Telephone	

Member of CalSTRS: Yes No Gender: Male Female

Relationship: Spouse Registered Domestic Partner Other

Date of Birth (MM/DD/YYYY) _____
(Please attach verification of your beneficiary's birth date. See examples in Step 1 of Your Retirement Guide.)

Section D: Tax Withholding Preferences

FOR DEFINED BENEFIT PAYMENTS

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.)

- 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.)

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

Section E: Partial Lump Sum for Defined Benefit Payments

Complete **ONLY** if you are taking a partial lump sum of your **Defined Benefit** retirement.

I understand by making the choice to receive a partial lump-sum payment, my ongoing monthly benefit will be permanently reduced. I also understand that my decision to choose a partial lump sum cannot be changed after my retirement date.

The maximum partial lump sum 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 regular monthly retirement benefit.

Place your initials on the line next to your choice indicating you have chosen either a specific dollar amount that is less than the maximum amount allowable or you have chosen the maximum amount allowable as a partial lump-sum payment.

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

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

Section E continues on page 4

Name (Last, First, Initial) _____ Client ID or SSN _____

Section E: Partial Lump Sum for Defined Benefit Payments continued

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.

I elect one of the following two distribution choices for my **Defined Benefit** partial lump-sum payment.

1. I choose to have my **Defined Benefit** partial lump-sum distribution paid to me.
 I understand that 20 percent federal income tax will be withheld from the tax-deferred portion of this distribution. 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? (Mark one.) YES NO
 Withhold federal income tax YES

2. I elect a rollover of my **Defined Benefit** partial lump-sum distribution to a qualified trust plan.

Rollover of Tax-Deferred Portion of the Partial Lump Sum. I elect to roll over the tax-deferred portion of the Defined Benefit partial lump-sum distribution to one of the plans listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Financial Institution Information (All information is required.)

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

Rollover of Taxed Portion of the Partial Lump Sum. I elect to roll over the taxed portion of the Defined Benefit partial lump-sum distribution to the qualified trust plan listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Financial Institution Information (All information is required.)

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

Section F: Defined Benefit Supplement Election

If you were making 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. Please read the descriptions in Step 1 of *Your Retirement Guide* that explain the Defined Benefit Supplement choices.

Place an X in the appropriate box below.

Defined Benefit Supplement Lump-Sum Payment Choices

Lump-sum payments are eligible for rollover under federal law. If you choose to have the lump sum paid directly to you, it will be taxed at the mandated rate. Please read sections G and H carefully.

- Lump-sum payment
 - Check paid to me directly (Go to section G-1.)
 - Rollover to a financial institution (Go to section G-2.)
- Combination lump sum *and* annuity choice. Fill in the desired lump-sum amount and select an annuity below (at least \$3,500 must remain in your Defined Benefit Supplement account in order for CalSTRS to provide annuity payments). Once you select an annuity, go to section G for lump-sum tax choices and section H for annuity tax choices.

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

Defined Benefit Supplement Annuity Choices

Period-Certain Monthly Annuity of 3 to 10 years

Under federal law, period-certain annuities of 3 to 9 years are taxed differently than period-certain annuities of 10 years. Since period-certain annuities of 3 to 9 years are eligible for rollover, you will be taxed at the required federal rate of 20 percent and you may be taxed at the California state rate of 6 percent if you choose to have the monthly check paid directly to you. Period-certain annuities of 10 years are taxed at the rate consistent with your tax withholding preferences. Please read sections G and H carefully.

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

Defined Benefit Supplement Lifetime Monthly Annuities

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. Please select one:

- 100% Beneficiary Annuity
- 75% Beneficiary Annuity
- 50% Beneficiary Annuity

Name (Last, First, Initial) _____ Client ID or SSN _____

Section G: 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 for my **Defined Benefit Supplement** payment.

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

1. 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. (To defer state tax, go to section H, Direct Payment and mark the appropriate box.)

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

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

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

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

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

Financial Institution Information (All information below is required.)

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

Rollover of Taxed Contributions and Interest (not applicable for most accounts). I elect to rollover my taxed contributions and interest to one of the plans listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

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

Financial Institution Information (All information below is required.)

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

Section H: Tax Withholding Preferences

FOR DEFINED BENEFIT SUPPLEMENT PAYMENTS

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. Please place an X in the box below if you wish to defer your state income tax payments.

Do not withhold 6 percent California state tax

Lifetime Monthly Annuity and Period-Certain Annuities of 10 years

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.)

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.)

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

Name (Last, First, Initial) _____ Client ID or SSN _____

Section I: Required Signatures

Please 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 and my signature is below.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died. My signature is below.
- I am or have been divorced or have terminated a registered domestic partnership. My signature is below.
Date of divorce or termination _____
(MM/DD/YYYY)
(See Instructions, Section I, Required Signatures.)

Member's Signature

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 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



Spouse's or Registered Domestic Partner's Signature

Date (MM/DD/YYYY)

Submitting Your Application

Mailing Address

Mail your application to:

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

We recommend that you mail your application by certified mail, with proof of delivery.

Hand Delivery

You can hand-deliver your application to a local CalSTRS benefits counseling office. For a current listing, go to www.CalSTRS.com/counseling.

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: 916-414-5040

Direct Deposit Authorization—Instructions

SECTION A

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

SECTION B—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 www.CalSTRS.com. If you do not want to receive your benefit payment stubs in the mail, be sure to 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 1099-R at your mailing address.

SECTION C—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.

Please inform CalSTRS of any change in your home mailing address. You can update your mailing address online at *myCalSTRS*.

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, please use the *Address Change Request* form available at www.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. You may 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

MS 1130 (Rev. 6/09)

CALSTRS

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

This form authorizes CalSTRS to send your benefit payments to the designated account. 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

Please type or use a ballpoint pen and print clearly. To cancel your direct deposit, please use the *Address Change Request* form available at www.CalSTRS.com or by calling 800-228-5453.

Section A 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 B Authorization Information

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



SIGNATURE

PRINTED NAME

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.

Section C General Information

Mail to: California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275



MS1130

Express Benefit Report—Instructions

Attach the *Express Benefit Report* form to your application for retirement but do not delay sending your application if your employer fails to return the form by the date you specify. Sending it after you submit your application will not delay your *initial* benefit. Your *corrected* benefit amount will be set later, once 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 A—MEMBER INFORMATION (TO BE COMPLETED BY MEMBER)

Complete the member information and send the form to your last employer.

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

Return By: 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 intend to retire.

After completing Section A, give the form, along with these instructions, to your last employer to complete Section B.

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 B—EMPLOYER INFORMATION (TO BE COMPLETED BY YOUR LAST EMPLOYER)

Please note the “**Date to be Returned by Employer**” specified by the member in Section A.

Complete the employer information only after the employee has completed the member information in Section A.

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

Employer Contact Name and Phone Number: 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 employee was on duty or on a 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 employee was paid for working. If on a leave of absence, enter the actual last day for which pay was received, including differential pay. This date must be earlier than the retirement date.

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 employee 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 employee 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.

Sick Leave Days

Accumulated Unused Regular Sick Leave Days: Enter the number of accumulated unused sick leave days the member 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. Complete the present value calculation.

Express Benefit Report—Instructions continued

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

Present-Value Calculation: Complete this section only if the member has Unused Excess 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.

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

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.

Present Value: Complete the Present Value Calculation of Unused Excess Sick Leave Days as follows:

Unused Excess Sick Leave Days ÷ Base Days X Prior Year Earnable, then X Present Value Factor = Present Value Calculation

SECTION C

Employer Certification: Sign, indicate your official title, date and return the form to the member by the return date indicated in Section A.

Express Benefit Report

SR 0554E (Rev. 6/09)

CALSTRS

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

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 your final retirement benefit calculation. The earlier CalSTRS receives this information, the earlier you start to receive the full benefit to which you are entitled. If there is a delay in your last employer sending the information to us, you will still receive all the benefit due you through a retroactive payment. Getting the unused sick leave balance before you retire alerts you to discrepancies in sick leave information your last employer provided us.

Please note: This form is not an application for any benefit. It is submitted with your application for retirement. However, do not delay sending your application if your last employer fails to return this form by the date you specify.

Section A Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET)	(APT #)	DATE OF BIRTH (MM/DD/YYYY) ()	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
POSITION TITLE	RETIREMENT DATE	DATE TO BE RETURNED BY EMPLOYER	

Section B Employer Information (To be completed by last employer and returned by the date given above)

Please note: To report subsequent corrections, complete the *Employment Termination or Sick Leave Data Correction* form.

Report unused and excess sick leave as of the employee'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, please return this form to the employee by the date specified above. If the application is to be submitted before the last day of paid service, any sick leave used subsequent to submission of 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.

COUNTY AND DISTRICT CODE		EMPLOYER CONTACT NAME	() EMPLOYER TELEPHONE NUMBER
EMPLOYMENT TERMINATION DATE	LAST DAY OF PAID EMPLOYMENT		

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 above employee, who has fewer than 25 years of service credit.

Final compensation salary reduction

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

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



SR0554E

Section B Employer Information continued

TO BE COMPLETED BY LAST EMPLOYER AND RETURNED BY THE DATE GIVEN IN SECTION A

Unused Sick Leave Report / Unused Excess Sick Leave Billing

Enter days only; do not enter hours. If the employee has no accumulated unused sick leave days, enter zero. If excess sick leave days were accumulated and unused, complete the present value calculation given below. Send the present-value amount to CalSTRS within 30 days following the retirement date.

<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>

If the employee has excess unused sick leave, complete the **Present-Value Calculation** below.

<i>Unused Excess Sick Leave Days</i>	<i>Contract Base Service Days</i>	÷	X	<i>Prior Year Earnable</i>	X	<i>Present Value Factor</i>	=	<i>Present Value</i>

Section C Employer Certification (To be signed by the superintendent or authorized deputy)

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

PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DEPUTY

Signature



SIGNATURE (SUPERINTENDENT OR AUTHORIZED DEPUTY)

DATE (MM/DD/YYYY)

OFFICIAL TITLE

One-Time Death Benefit Recipient Information

DESIGNATION FOR THE DEFINED BENEFIT AND DEFINED BENEFIT SUPPLEMENT PROGRAMS

Under the CalSTRS Defined Benefit Program, this form is for designating recipients to receive the one-time death benefit 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 select 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.

Under the CalSTRS Defined Benefit Supplement Program, if your death occurs before retirement, the recipients you designate on this form may be eligible to select an ongoing annuity or a lump-sum payment. If your death occurs after retirement, the recipients you designate may be eligible for the ongoing annuity you selected at the time of your retirement.

ELIGIBILITY REQUIREMENTS FOR THE DEFINED BENEFIT PROGRAM

Your designated recipients are eligible to receive the one-time death benefit if you:

1. Were receiving a service retirement benefit or disability retirement benefit at the time of death.
2. Had earned at least one year or more of service credit and your death occurred during one of the following periods:
 - While employed and receiving creditable compensation.
 - While receiving or eligible to receive a disability allowance.
 - Within four months after you terminated employment or had last earned service credit.
 - Within four months after your disability allowance was terminated, if no service was performed.
 - Within 12 months of the last day for which creditable compensation is paid, if you were on an approved leave of absence without compensation for reasons other than disability or military service.

3. Had worked part time and your death occurred within four months after ending employment or earning service credit.

In addition to these qualifications, if you took a refund of contributions or reinstated after retirement, you must also have:

- Earned one year of service credit, or
- Six months must have elapsed since reinstatement from disability retirement.

IMPORTANT FACTS

This form does not designate a beneficiary to receive a continuing monthly retirement option upon your death nor does it alter existing option choices.

This form remains in effect until either a new *One-Time Death Benefit Recipient* form is submitted, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. ***It is important to keep this form current.***

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

If your designated primary recipients die before you, any benefit due will be paid to your secondary recipients, unless you submit a new form. If we are unable to locate your designated recipients, the one-time death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.

For more information, see the *Member Handbook*, available at www.CalSTRS.com or by calling 800-228-5453.

One-Time Death Benefit Recipient Instructions

Print clearly in dark ink, or type all information requested. Do not use light colors of ink, pencil or erasable ink. *You must initial any corrections on the form to meet minimum requirements.*

SECTION A—MEMBER INFORMATION

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

SECTIONS B AND C—PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name any living person, an estate, a trust, a corporation, a charitable or parochial institution or a public entity as your recipients. If there is more than one recipient, you can designate a percentage for each recipient to receive. If no percentage is given, the recipients will receive equal amounts.

- **Persons**—Provide their Social Security number, full name, relationship, birth date, address and telephone number.
- **Estate**—To designate your estate, enter the phrase “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.
- **Trust**—If you want a trust to be the payee, enter the name of the trust, the trustee’s name, the trustee’s address and the date of creation instead of a birth date. CalSTRS will contact the trustee and pay benefits to the trust. It is not necessary to provide the trust document at this time.
- **Organization**—If you wish to designate an organization, enter the name and address of the organization and the organization’s tax identification number.

SECTION D—REQUIRED SIGNATURES

Please sign and date your form. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your form.

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* section on the reverse side of the form.

If you divorced or terminated a domestic partnership while a member, we may request that you provide a judgment of dissolution or legal separation, or termination of domestic partnership.

SECTION E—ADDITIONAL RECIPIENTS

To designate more recipients, additional space is provided on page 2 of the form. Indicate whether the recipients you are designating are primary or secondary recipients by entering “P” for primary or “S” for secondary in the appropriate box.

Valid forms will be processed and filmed. Please retain a copy of the form for your records. You can view your one-time death benefit recipient information online using *myCalSTRS* at www.CalSTRS.com.

Questions? Contact us at 800-228-5453 or go to www.CalSTRS.com/contactus to send us a secure message.

PRIVACY NOTICE

The California State Teachers’ Retirement System is authorized to maintain *One-Time Death Benefit Recipient* designations in accordance with Education Code section 23300. Submission of this designation is voluntary. However, if you do not designate a recipient, the possibility exists that the benefits due at the time of your death may not be paid in accordance with your wishes.

You have the right to review your files maintained by CalSTRS upon request and submission of proper identification. You can contact us at 800-228-5453.

One-Time Death Benefit Recipient

MS0002 (Rev. 6/09)

CALSTRS

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

Section A Member Information

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

I hereby revoke any previous designations and designate the following primary recipients to receive equal amounts, unless otherwise specified herein, or the survivors among them, as recipients for any benefit payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, then I designate the following secondary recipients share equally unless otherwise specified, or the survivors among them, as recipients for any benefit under the Teachers' Retirement 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 under said law shall be paid to my estate. This form does not designate a beneficiary to receive a continuing monthly retirement benefit. This is solely for members of the Defined Benefit and Defined Benefit Supplement programs.

Section B Primary Recipients or Trust

Primary Recipients

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, INITIAL)	PERCENTAGE	TELEPHONE NUMBER		
		()			
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE

Trust

TRUST NUMBER	TRUST NAME	PERCENTAGE	TELEPHONE NUMBER	
		()		
TRUST DATE	ADDRESS	CITY	STATE	ZIP CODE

Section C Secondary Recipients or Trust

Secondary Recipients

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, INITIAL)	PERCENTAGE	TELEPHONE NUMBER		
		()			
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE

Trust

TRUST NUMBER	TRUST NAME	PERCENTAGE	TELEPHONE NUMBER	
		()		
TRUST DATE	ADDRESS	CITY	STATE	ZIP CODE

Check box if additional recipients are listed on the back of this form.

Section D Required Signatures *Please 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 page 2.
- I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- I am or have been divorced or have terminated a registered domestic partnership. Date: _____ (MM/DD/YYYY)

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

MEMBER SIGNATURE	DATE (MM/DD/YYYY)	SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE	DATE (MM/DD/YYYY)
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Section E Additional Recipients

Be sure to indicate whether your recipient is a P=Primary or S=Secondary

P or S	%	Social Security Number	Name/Trust			Relationship & Birth Date/Trust Date	Address		
			Last	First	M.I.		City	State	Zip Code

Section F Justification for Non-Signature of Spouse or Registered Domestic Partner

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 this *One-Time Death Benefit Recipient* form, 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 been advised of the recipient designated and 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. Please submit a certified copy of the court order when you receive it.) Education Code section 22454

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

 _____ DATE (MM/DD/YYYY)

MEMBER SIGNATURE

Justification for Non-Signature of Spouse or Registered Domestic Partner

MS 1125A (Rev. 6/09)

CALSTRS

California State Teachers' Retirement System
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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. Please 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER SIGNATURE

DATE (MM/DD/YYYY)

Applications Submitted Please check the appropriate boxes.

- | | |
|---|---|
| <input type="checkbox"/> Service Retirement Application | <input type="checkbox"/> Annuity Deposit Information |
| <input type="checkbox"/> Refund Application | <input type="checkbox"/> Letter Requesting a Change |
| <input type="checkbox"/> Pre-Retirement Election of an Option | <input type="checkbox"/> Reinstatement After Retirement |
| <input type="checkbox"/> Pre-Retirement Compound Option Election | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Compound Option Election | <input type="checkbox"/> Rollover of Limited-Term Disability Payments |
| <input type="checkbox"/> Retirement Change Request | <input type="checkbox"/> Disability Allowance to Retirement Application |
| Option Change After Retirement | <input type="checkbox"/> Disability Allowance to Compound Option Election |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement
(Dissolution of Marriage or Registered Domestic
Partnership) | <input type="checkbox"/> Application for Disability Benefits |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement | <input type="checkbox"/> Disability Retirement Option Selection |
| | <input type="checkbox"/> Defined Benefit Supplement Application |



MS1125A

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Compound Option—Instructions

The Compound Option allows various 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.

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 A—CHOOSE ONE

- **Compound Option**—This form must be returned with your *Service Retirement Application* and will be effective on your retirement date. We must receive this form and your *Service Retirement Application* no later than the last day of your retirement month.
- **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 B—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 from additional beneficiaries	_____ %
Grand Total	100 %

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

SECTION C—REQUIRED SIGNATURES

Please 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 while a member, we may request that you provide a judgment of dissolution or legal separation, or termination of domestic partnership.

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Compound Option Election

SR 0363 (Rev. 6/09)

CALSTRS

California State Teachers' Retirement System
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Sacramento, CA 95851-0275
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www.CalSTRS.com

_____ number of additional pages attached

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

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

When to use this form:

- **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 your retirement month. In Section A, check the Change Prior Election to Compound Option box or Modify Compound Option box.

Section A Choose one:

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

- Compound Option.** I am applying for retirement and elect the Compound Option indicated in Section B.
- 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 Compound Option and now wish to make changes to that election.

Section B Benefit Allocation/Option Beneficiary Designation

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

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.

- Please provide all the information requested for each option beneficiary, including birth date verification (a clear, unaltered photocopy of a birth certificate or other acceptable document).
- 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.

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

1. NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

()

ADDRESS (STREET)

(APT #)

HOME TELEPHONE

()

CITY

STATE

ZIP CODE

WORK TELEPHONE

Verification enclosed

DATE OF BIRTH (MM/DD/YYYY)

MEMBER OF CALSTRS: Yes No

RELATIONSHIP: Spouse Registered Domestic Partner

Other

GENDER: Male Female



SR0363

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

2. NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NUMBER
			()
ADDRESS (STREET)	(APT #)	HOME TELEPHONE	
		()	
CITY	STATE	ZIP CODE	WORK TELEPHONE
DATE OF BIRTH (MM/DD/YYYY) <input type="checkbox"/> Verification enclosed			
MEMBER OF CALSTRS: <input type="checkbox"/> Yes <input type="checkbox"/> No RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Other GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

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

3. NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NUMBER
			()
ADDRESS (STREET)	(APT #)	HOME TELEPHONE	
		()	
CITY	STATE	ZIP CODE	WORK TELEPHONE
DATE OF BIRTH (MM/DD/YYYY) <input type="checkbox"/> Verification enclosed			
MEMBER OF CALSTRS: <input type="checkbox"/> Yes <input type="checkbox"/> No RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Other GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Section C Required Signatures

I have read *Your Retirement Guide* and fully understand that I cannot change this election after the last day of my retirement month unless (1) one or more of my option beneficiaries predeceases me; or (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.

Please 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 and my signature is below.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died. My signature is below.
- I am or have been divorced or have terminated a registered domestic partnership. My signature is below.
Date of divorce or termination _____
(MM/DD/YYYY)

Member's Signature

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 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)
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Spouse's or Registered Domestic Partner's Signature

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

Age Factor

The percentage based on your age on the last day of the month your retirement becomes effective. This percentage will be multiplied by the number of years you have worked. It equals 2 percent at age 60 and is reduced by one-half of 1 percent for each month or fraction of a month in which you are under 60 but at least 55. If you are seeking early retirement and are at least age 50 but under age 55, the factor is further reduced by one-quarter of 1 percent for each month or partial month under age 55. If you are over 60, the factor is increased by 0.033 percent for every quarter year of age to a maximum of 2.4 percent at age 63 and older. You will find an Age Factor Table in the *Member Handbook*.

Annual Benefit Adjustment

Annual benefit adjustments are automatic annual increases to the monthly benefit. They start on September 1 after the first anniversary of your effective retirement date. The increase will appear on your benefit payment issued October 1. Annual benefit adjustments are calculated at 2 percent of your initial benefit. They are 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 *Pre-Retirement Election of an Option* form on file at CalSTRS.

Client ID

A CalSTRS randomly generated number used to identify members. It is used instead of

your Social Security number to secure your identity. Your Client ID can be found on your *Retirement Progress Report*.

Concurrent Retirement

Retiring at the same time from CalSTRS and 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.

Credited Service

Service credit for which required contributions have been paid.

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.

Defined Benefit Program

A distinct component of the State Teachers' Retirement Plan that provides a retirement benefit that is guaranteed for life and based on your age, the number of service years and the compensation you earned, not the amount of contributions in your account.

Defined Benefit Supplement Program

A supplemental benefit program with benefits based on contributions and interest credited to your account. From January 1, 2001, through 2010, funds will come from 25 percent of your monthly CalSTRS contribution. As of July 1, 2002, funds also come from compensation earned from service in one school year in excess of one year of service credit.

Early Retirement Limited Term Reduction Program

A retirement alternative for Defined Benefit members. To be eligible, you must be at least age 55 but under age 60, and have at least five years of credited service for retirement. 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.

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

If you are retiring after working more than 25 years, your final compensation will be based on your highest average earnable compensation during any period of one year of CalSTRS-covered paid employment.

If you are retiring after working less than 25 years, your final compensation will be based on your highest average annual earnable compensation during any period of three consecutive years of CalSTRS-covered paid employment. (Final compensation based on highest earnable compensation during any period of one year is available for classroom teachers if it has been included in a written collective bargaining agreement.)

Longevity Bonus

An increase to your monthly Member-Only Benefit, if you accumulate at least 30 years of service credit before January 1, 2011, regardless of when you retire after 2000. 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 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 if you should die. 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 or corporation) after you die.

Option Beneficiary

Any person (cannot be an estate, trust or corporation) you elect to receive your monthly payments upon your death.

Retirement Benefit

A monthly benefit paid to you each month after retirement.

Service Credit

Accumulated period of time in years, including partial years, for which you earned creditable compensation and made contributions under CalSTRS Defined Benefit Program.

Service Retirement Pending Disability Eligibility

If you are applying for a disability benefit, you may be eligible to receive a service retirement benefit while your application for disability benefits is being evaluated. This will enable you to receive a monthly retirement income while your disability application is being evaluated. However, you will not be eligible for a partial lump-sum payment or the Early Retirement Limited Term Reduction Program.

Vested Member

If you have five years of credited service in the CalSTRS Defined Benefit Program, you are considered a vested member and are eligible for retirement benefits.

myCalSTRS Keeps You Informed



Using our secure online member Web site, *myCalSTRS* at www.CalSTRS.com, you can get information about your CalSTRS accounts, anytime, day or night.

With *myCalSTRS*, you can:

- Ask questions about your account and receive prompt, confidential answers
- View your annual *Retirement Progress Reports*
- Change your e-mail address
- See your beneficiary information
- View your 1099-R forms and benefit payment stubs

Coming in Fall 2009, more features to make it easier to:

- Update your mailing address and telephone number
- Make changes to your state and federal tax withholding preferences
- Self-schedule for counseling sessions

If you haven't already registered for *myCalSTRS*, sign up today by going to www.CalSTRS.com and following the step-by-step instructions.

Don't miss out! Register today at www.CalSTRS.com.

CalSTRS Resources



WEB SITES

www.CalSTRS.com
Click *Contact Us* to e-mail

www.403bCompare.com



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 (*new*)