



# Service Retirement Election Application

**Important: Mail or deliver your application to CalPERS no more than 90 days before your retirement date. Your effective retirement date cannot be earlier than the first of the month in which your application is received.**

## Section A - Member Information

Social Security Number	First Name	Middle Initial	Last Name
Mailing Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
City	State		Home Phone
State	ZIP	Work Phone	

## Section B - Retirement Information

Retirement Date / /	Employer
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Position Title (Do Not Abbreviate)

**Temporary Annuity - I elect to have my monthly allowance modified for life to provide for an additional Temporary Annuity allowance.**

Yes  No

If yes, I elect to receive Temporary Annuity until age (59½ or whole age 60 to 68) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ .00 per month.

**Final Compensation Period:** \_\_\_\_\_ / / \_\_\_\_\_ / /  
 (If any period is higher than last 12 or 36 months.) From To

**Other California Public Retirement Systems:**  Yes  No If yes, complete the section below.

Name of System \_\_\_\_\_ Date of Retirement \_\_\_\_\_

**Dates of Service Credited:** \_\_\_\_\_ / / \_\_\_\_\_ / /  
 From To

For CalPERS Use Only	
Reviewed by:	Date:
Keyed by:	Date:

**Section C - Option Election**

**I elect the following retirement payment option. (Please check one only.)** I understand that my election of option is irrevocable and that by electing Option 2W, 3W, or 4, I forfeit my right to an increase in my allowance based on the conditions described on pages 8 and 9 of this booklet.

- Option 1**       **Option 2**       **Option 2W**       **Option 3**       **Option 3W**

**Beneficiary Information - Single Lifetime Beneficiary** (Complete for Options 1, 2, 2W, 3, or 3W).

Social Security Number	Name	Date of Birth	M / F Sex	Relationship
Mailing Address	City	State	ZIP	

**Unmodified Allowance.** I understand that there are no benefits payable upon death with this election (except the Survivor Continuance Benefit, if applicable). There is no return of contributions.

**Option 4 - Single Lifetime Beneficiary** (Check one of the following and complete the beneficiary information below).

- Option 2W & Option 1 Combined       Option 3W & Option 1 Combined  
 Specific Dollar Amount to Beneficiary \$\_\_\_\_\_.00     Specific Percentage to Beneficiary \_\_\_\_\_%  
 Reduced Allowance for Fixed Period of Time \_\_\_\_\_ (%/or \$ Amount) through \_\_\_\_/\_\_\_\_/\_\_\_\_

**Beneficiary Information** (for Option 4 Single Lifetime Beneficiary).

Social Security Number	Name	Date of Birth	M / F Sex	Relationship
Mailing Address	City	State	ZIP	

**Option 4 - Multiple Lifetime Beneficiaries**

Check to elect equal share for each beneficiary or show specific amount or percent in space below.

**Option 4 - Court-Ordered Community Property** (Refer to instructions for Community Property on page 10 and check one of the following. Complete the beneficiary information below, but do not complete the space for specific dollar or percent).

- Option 4/Unmodified**     **Option 4/Option 1**     **Option 4/Option 2W**     **Option 4/Option 3W**

**Beneficiary Information** (for Option 4 Multiple Lifetime Beneficiaries or Option 4 Court-Ordered Community Property)

Social Security Number	Name	Date of Birth	M / F Sex	Relationship	Specific Dollar or %
Social Security Number	Name	Date of Birth	M / F Sex	Relationship	Specific Dollar or %
Social Security Number	Name	Date of Birth	M / F Sex	Relationship	Specific Dollar or %

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Section D - Retired Death Benefit

#### Lump Sum Retired Death Benefit Beneficiary

Beneficiary's Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

**The person listed above will receive the Lump Sum Retired Death Benefit that is payable upon my death. I understand that I may change this beneficiary at any time and that any change in my marital status or the birth or adoption of a child automatically revokes this designation.**

### Section E - Survivor Continuance

**Please answer all four questions and complete the information for each section answered "yes".**

**Will you be married on, and at least one year prior to, your retirement date?**  Yes  No

Spouse's Social Security Number \_\_\_\_\_ Name \_\_\_\_\_  
/ / / /  Male  Female  
Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

**Do you have any natural or adopted unmarried children under 18?**  Yes  No

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /  
Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /

**Do you have any unmarried children who were disabled prior to their 18<sup>th</sup> birthday and are still disabled?**  Yes  No

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /  
Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /

**Are your parents dependent upon you for one-half of their support?**  Yes  No

Parent's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /  
Parent's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth / /

### Section F - Employer Certification (to be completed by employer)

Employee's Last Day on Payroll / / Employee's Separation Date / /

Balance of Unused Sick Leave Days on Employee's Date of Separation (**show as days**) \_\_\_\_\_

Balance of Educational Leave Days on Date of Separation (**show as days**) \_\_\_\_\_

**I hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.**

Employer Signature \_\_\_\_\_ Position Title \_\_\_\_\_ Date / /

Printed Name \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Section G - Tax Withholding Election**

**Federal Tax Withholding Election (Please make one election only.)**

- Do Not Withhold Federal Income Tax.
- Withhold Federal Income Tax in the amount of \$ \_\_\_\_\_ .00 (monthly).
- Withhold Federal Income Tax Based on the Tax Tables for:
  - A Married Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
  - A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- In addition to the amount withheld based on the Tax Tables, Withhold \$ \_\_\_\_\_ .00 (monthly).

**State of California Tax Withholding Election (DE4P) (Please make one election only. This is optional for out-of-state residents.)**

- Do Not Withhold State of California Income Tax.
- Withhold State of California Income Tax in the Amount of \$ \_\_\_\_\_ .00 (monthly).
- Withhold State of California Income Tax Based on the Tax Tables for:
  - A Married Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
  - A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- In Addition to the Amount Withheld Based on Tax Tables, Withhold \$ \_\_\_\_\_ .00 (monthly).
- Withhold State of California Income Tax in the Amount of 10 Percent of the Federal Income Tax Withholding Amount.

**Section H - Member Signature & Notary**

**I hereby certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first retirement allowance check.**

**I am not married.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
State of County of

On \_\_\_\_\_ before me, \_\_\_\_\_, personally known to me **or**

proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**Notary Seal**

**Witness my hand and official seal OR authorized CalPERS representative signature.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Representative's Signature Position Title Date