Recipient Designation Form–Information

One-Time Death Benefit/Cash Balance Lump-Sum Payment

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

The *Recipient Designation* form replaces the *One-Time Death Benefit Recipient* form and the *Cash Balance Beneficiary Designation* form. If you have one of these forms currently on file with CalSTRS, you do not need to submit a new *Recipient Designation* form unless you wish to make a change to your recipient designation.

Complete and submit this form online using your *my*CalSTRS account for faster processing. Step-by-step guidance means you complete the form correctly.

DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, and if you did not elect 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, any accumulated contributions in your account will be paid to your designated recipients.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of an Option* form when you are eligible to retire.

CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the lump-sum payment in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least $3,500, he or she may elect to receive an annuity in place of a lump-sum payment.

IMPORTANT FACTS

- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. *It is important to keep this form current.*
- If your designated primary recipients predecease you, any benefit due will be paid to your secondary recipients, unless you submit a valid *Recipient Designation* form designating new recipients. If we are unable to locate your designated recipients, the death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any benefit due will be paid to your estate.
- You may change your recipient designations at any time—before or after retirement. There is no fee or financial penalty for changing your designation.

Recipient Designation Form–Instructions

One-Time Death Benefit/Cash Balance Lump-Sum Payment

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *my*CalSTRS.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

SECTION 1: MEMBER/PARTICIPANT INFORMATION

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

SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient.

- **Persons**—To designate a person or persons, check the box and provide full name, address, telephone number, Social Security number, birth date and relationship.
- **Organization**—To designate an organization, check the box and enter the name and address of the organization and the organization's tax identification number. Include organization contact information whenever possible.
- **Trust**—To designate a trust, check the box and enter the full name of the trust, the trustee's name and address, and the date the trust was created. CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time.
- **Estate**—To designate your estate, check the box and enter "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.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary.*

You may designate a percentage for each recipient. If you use percentages, the total must equal 100 percent for the primary recipient section and 100 percent for the secondary recipient section.

SECTION 4: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide his or her Social Security number and date of birth.

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.*

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

QUESTIONS

Email your questions using your *my*CalSTRS account or at CalSTRS.com/contactus, or call 800-228-5453.

SUBMITTING YOUR FORM

***my*CalSTRS**
Complete and submit your form online using *my*CalSTRS. It's easy, fast and secure.

Hand Delivery
Hand deliver your form to a local CalSTRS benefits counseling office (visit CalSTRS.com/localoffices).

Mailing Address
CalSTRS
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275

Overnight Delivery
If you are using a special mailing service such as UPS or FedEx, send your form to:
CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery
916-414-5783 or 916-414-5784

Recipient Designation Form

One-Time Death Benefit/Cash Balance Lump-Sum Payment

MS 0002 rev 01/15

CALSTRS®
California State Teachers' Retirement System
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *my*CalSTRS.

Check one of the following:

- ☐ I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.
- ☐ I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.
- ☐ I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—or their survivors—to receive equal amounts, unless otherwise specified as recipients for any benefits payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, I designate the secondary recipients—or their survivors—to share equally unless otherwise specified as recipients for any benefits under 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 will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Complete and submit your form online using *my*CalSTRS for faster processing. Step-by-step guidance ensures you complete your application correctly.

Section 1: Member/Participant Information

NAME (LAST, FIRST, INITIAL) | CLIENT ID OR SOCIAL SECURITY NUMBER

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

CITY | STATE | ZIP CODE | HOME TELEPHONE ( )

EMAIL ADDRESS

Section 2: Primary Recipients

Use this area to designate one or more *primary* recipients to receive a death benefit.
Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS | TELEPHONE ( )

CITY | STATE | ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

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CALSTRS

Section 2: Primary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female
☐ Organization – Contact Name: _____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female
☐ Organization – Contact Name: _____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Section 3: Secondary Recipients

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female
☐ Organization – Contact Name: _____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

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Section 3: Secondary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS

( )
TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

☐ **Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary* and the percentages. Percentages must total 100% for all recipients.**

Section 4: Required Signatures

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 the next page.

☐ I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.

☐ I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.

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

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

MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL)

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER

SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY)

CALSTRS
HOW WILL YOU SPEND YOUR FUTURE?

Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code sections 22453 and 26703, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present requires the signature of the spouse or registered domestic partner unless one of the following conditions exist. If you are married or registered as a domestic partner and your spouse or partner does not sign this form, 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 registered domestic partner.
- ☐ My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- ☐ My current spouse or registered domestic partner 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 registered domestic 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 designation can be made. Submit a certified copy of the court order when you receive it.) Education Code sections 22454 and 26704

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

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

If this form is not completely filled out, it will not be accepted and will be returned to you. Your current recipient status will not be updated. Review your form carefully before submitting:

- ☐ Did you designate at least one primary recipient and provide all the requested information?
- ☐ If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- ☐ If you designated percentages, do they equal 100 percent for your primary recipients and 100 percent for your secondary recipients?
- ☐ Did you sign and date the form?
- ☐ If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- ☐ If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?