

# Disability Benefits Application Change Request form- Information and Instructions

## GENERAL INFORMATION:

Use this form to change elections made on the *Disability Benefits Application (DS0260)* or the *DR Option Quote form (DS1354)*. When completing this form, be sure to carefully read the instructions. Failure to complete this form in its entirety or failure to provide the necessary or required information may result in a delay or denial of your change request. This form may not be used to make changes to service retirement benefits.

**Important:** If you have been approved for disability benefits and want to change your Defined Benefit election, CalSTRS must receive your Change Request form no later than 30 days after your first disability benefit payment has been issued by CalSTRS.

You must complete Sections 1 and 5.

For Sections 2 through 4.8, only complete the sections that apply to the changes you wish to make.

**Refer to your previously submitted *Disability Benefits Application* when completing this form. See *Your Disability Benefits Guide* for more information.**

### SECTION 1: MEMBER INFORMATION

Include your home telephone number, alternate telephone number and your email address so we can contact you if we have questions. Be sure your name on the Change Request form matches your name as it appears on your Social Security card. For security purposes, include your client ID instead of your Social Security number. Indicate your coverage: A or B.

Your client ID and type of coverage are on your *Retirement Progress Report*.

### SECTION 2: DISABILITY BENEFIT- BENEFIT EFFECTIVE DATE CHANGE OR DISABILITY BENEFIT APPLICATION CHANGE

Please note that your benefit effective date cannot be earlier than the first day of the month of which your disability application was received or the day following the last day of compensation as reported by your employer, whichever is later.

Check the appropriate box to:

☐ Change your disability benefit effective date.

☐ Cancel your previously submitted *Disability Benefit Application*. This will terminate your disability benefit and restore your account to active member status.

☐ Cancel your previously submitted

*Disability Benefits Application* and remain on Service Retirement.

### SECTION 3: DEFINED BENEFIT ELECTION CHANGE OR ELECTION CANCELLATION

The deadline to change or cancel your Defined Benefit Member-Only or Modified Benefit election is 30 days from the date your first benefit payment is issued by CalSTRS. The change or cancellation will be effective on your disability benefit effective date.

Check the appropriate box to:

☐ Cancel your Modified Benefit and elect a Member- Only Benefit

☐ Cancel your Member-Only Benefit and elect a Modified Benefit with an option.

☐ Change your previous option election to a new option election (100%, 75%, 50%, Compound)

☐ Change your option beneficiary.

If you are naming a new option beneficiary, include birth date and Social Security number verification. Acceptable documents for birth date verification include a photocopy of a birth certificate, passport ID page and certain military IDs.

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## SECTION 4: DEFINED BENEFIT SUPPLEMENT ELECTION CHANGE

Check the box to:

- ☐ Change your Defined Benefit Supplement election.

Choose your new Defined Benefit Supplement election. Be sure your new Defined Benefit Supplement election is permitted with your Defined Benefit election. If your Defined Benefit Supplement account balance is less than \$3,500, you are only eligible to receive a lump-sum payment. If your Defined Benefit Supplement account is greater than \$3,500, you have three payment choices.

### SECTION 4.1: DEFINED BENEFIT SUPPLEMENT PAYMENT INSTRUCTIONS

Check the appropriate box to:

- ☐ Choose a direct payment for your Defined Benefit Supplement distribution.
- ☐ Choose a roll-over for all or part of your Defined Benefit Supplement distribution.

#### Rollover of Tax-Deferred Contributions and Interest

The amount of tax-deferred contributions and interest in your Defined Benefit Supplement account is shown on your *Retirement Progress Report*. Your account balance must be \$200 or more to qualify for a rollover to a financial institution. Enter the dollar amount or the percentage (from 1% to 100%) that you would like to rollover.

#### Financial Institution Information

When providing your financial institution information, do not attach transfer documents. Also, do not list "IRA" as the name of your financial institution. We will mail the payment to the financial institution address you provide. It is imperative the financial institution name, address and account number are correct. You must also provide the financial institution representative's signature. If the information is not correct, your rollover will be delayed. We are not able to process direct rollovers to financial institutions outside the U.S.

**CalSTRS Pension2® Rollovers-** You may select CalSTRS Pension2 for your rollover of contributions and interest without obtaining the financial institution representative's signature. CalSTRS will obtain the required signatures on your behalf.

For more information, visit [Pension2.com](http://Pension2.com). You may also email [Pension2@CalSTRS.com](mailto:Pension2@CalSTRS.com) or call 888-394-2060, Monday through Friday, 8 a.m. to 5 p.m.

**IMPORTANT:** If you are doing a rollover, be sure to read Section 11 (*Special Tax Notice: Your Rollover Options*) of your *Disability Benefits Application*.

### SECTION 4.2: DEFINED BENEFIT SUPPLEMENT CALIFORNIA STATE INCOME TAX WITHHOLDING PREFERENCES

#### Direct Payment 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 3 to 9 years for your Defined Benefit Supplement funds. Distributions that are eligible for rollover but are not directly rolled over to another tax-qualified retirement plan or IRA are subject to a 2% rate for state tax withholding. If you do not complete this section, we will withhold state income tax from your payment at 2% unless your address is outside California. If you do not want state income tax withheld, check the appropriate box.

### SECTION 4.3: DEFINED BENEFIT SUPPLEMENT FEDERAL INCOME TAX WITHHOLDING PREFERENCES

#### Direct Payment 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 3 to 9 years for your Defined Benefit Supplement funds. Distributions that are eligible for rollover but are not directly rolled over to

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another tax-qualified retirement plan or IRA are subject to a mandatory 20% federal withholding rate, but you may designate a higher percentage if you choose. CalSTRS will not withhold the 20% federal income tax for eligible rollover distributions transferred directly into an IRA or other qualified plan.

## SECTION 4.4: DEFINED BENEFIT SUPPLEMENT TAX WITHHOLDING PREFERENCES

### Lifetime Monthly Annuity or Period-Certain Annuity of 10 Years

Complete this section if you elected a lifetime annuity or a period-certain annuity of 10 years for your Defined Benefit Supplement funds. Indicate your federal and state tax withholding preferences. If you do not complete this section, we must withhold federal income tax from your monthly benefit payments as single with no adjustments.

We must withhold state income tax as married claiming three withholding allowances (unless you are a nonresident of California, in which case we will not withhold state tax).

### California State Income Tax Withholding

If you want California state income tax withheld, indicate the number of withholding allowances and your marital status by checking the appropriate box, and specify an additional flat dollar amount, if any. Use the EDD Form DE-4P to calculate state tax withholding. You may designate a dollar amount to withhold instead of claiming withholding allowances.

California does not tax the CalSTRS benefits of nonresidents. To learn more about California residency, see Franchise Tax Board Publications 1031, *Guidelines for Determining Resident Status*, at [ftb.ca.gov](http://ftb.ca.gov).

If you do not want any state income tax withheld, check the “Do not withhold California income tax” box. In absence of an election or other document, CalSTRS will apply state tax withholding based on your address.

### Federal Income Tax Withholding

To elect federal income tax withholding, you must designate your expected filing status and provide additional information regarding your income and that of your spouse. You may adjust the amount to be withheld

by providing information regarding dependent credits and other credits you expect to claim on your tax return. You also may elect to have CalSTRS withhold tax for income you receive elsewhere; reduce withholding by reporting expected tax deductions; and designate an additional amount to be withheld from each benefit payment. You cannot designate a specific dollar amount only to be withheld for federal tax.

## Section 4.6 INCOME FROM YOU OR A SPOUSE’S JOB, OTHER PENSIONS OR ANNUITIES

Enter income from a job and pension or annuity income (including a spouse’s job, pension or annuity) in Section 4.6 if you have at least one of the following:

- Income from a job.
- Income from more than one pension or annuity.
- A spouse (if married filing jointly) who receives income from a job, pension or annuity.

The following examples will assist you in completing this section.

**Example 1.** Ricardo, a single filer, is completing this form for a benefit that pays \$50,000 a year. Ricardo also has a job that pays \$25,000 a year. Ricardo has no other pensions or annuities. Ricardo will enter \$25,000 on lines a and c.

If Ricardo also has \$1,000 of interest income, which he entered on Form W-4, Step 4(1), then he will instead enter \$26,000 on lines a and c. He will make no entries on line a in Section 4.8 for other income (not from jobs and pension or annuity payments) on this form.

**Example 2.** Carol, a single filer, is completing this form for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 on lines b and c.

If Carol also has \$1,000 of interest income, she will enter \$1,000 on line a in Section 4.8 for other income (not from jobs and pension or annuity payments).

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**Example 3.** Mia, a single filer, is completing this form for a pension that pays \$50,000 a year. Mia does not have a job, but she receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Mia will not enter any amounts in Section 4.6.

If Mia also has \$1,000 of interest income, she won't enter that amount on line a in Section 4.8 of this form because she entered the \$1,000 on the election form for the higher paying \$75,000 pension.

**Example 4.** Yvette, a single filer, is completing this form for a pension that pays \$50,000 a year. Yvette also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Yvette will enter \$25,000 on line a for job income, \$20,000 on line b for pension or annuity income, and \$45,000 on line c.

If Yvette also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 on line a for job income, leave the amount for pension and annuity income unchanged and enter \$46,000 on line c. She will make no entry on line a in Section 4.8 for other income (not from jobs and pension or annuity payments).

**Note:** If you are married filing jointly, the entries described above do not change if your spouse has the job or the other pension or annuity instead of you.

**CAUTION:** If you (or if married filing jointly, you or your spouse) have a job, do **not** complete Section 4.7 of this form. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete these steps on the CalSTRS *Income Tax Withholding Preference Certificate* or IRS Form W-4P [Steps 3 through 4(b)] for **only** the pension or annuity that pays the most annually. Leave those sections blank for the other pensions or annuities.

Sections 4.7 and 4.8 Special Instructions: Credits, other incomes and deductions in Section 4.7 and 4.8 (lines a and b) may only be entered once, and you must make the claim on your highest paying retirement account or on a W-4, if you have a job.

## SECTION 4.7 CLAIM DEPENDENTS AND OTHER CREDITS

This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required Social Security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see IRS Publication 501, *Dependents, Standard Deduction, and Filing Information*.

You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

## SECTION 4.8 OPTIONAL ADJUSTMENTS OTHER INCOME (NOT FROM JOBS AND PENSIONS OR ANNUITY PAYMENTS).

Enter on line a the total of your other estimated income for the year, if any. You should NOT include amounts from any jobs or pension and annuity payments. If you complete line a, you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see IRS Form 1040-ES, *Estimated Tax for Individuals*.

**Deductions** Enter on line b the amount from the Deductions Worksheet, line 6, on Form W-4P if you expect to claim deductions other than the basic standard deduction your tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Additional withholding.** Enter on line c any additional tax you want withheld from each payment. Entering an

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amount on line c will reduce your payments and either increase your refund or reduce any amount of tax that you owe.

**Note:** For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new *Income Tax Withholding Preference Certificate*.

## SECTION 5: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *Disability Benefits Application Change Request* form. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your application. Your signature date is the date you signed 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. This form may require supporting documentation.

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 to make this determination. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them later.

## SUBMITTING YOUR DISABILITY BENEFITS APPLICATION CHANGE REQUEST

Submit pages 1-7 of your *Disability Benefits Application Change Request* form by one of the methods below. Keep a copy of your completed form for your records. If you fax this form, keep a copy of the confirmation page. We are unable to call and confirm receipt of your faxed forms.

### Hand Delivery

Hand Deliver your form to a local CalSTRS benefits planning office. For a current listing, visit [CalSTRS.com](http://CalSTRS.com)

### Mail Your Application

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**  
916-414-5784

**Questions?** Email questions using your *myCalSTRS* account or at [CalSTRS.com/contact-us](http://CalSTRS.com/contact-us), or call 800-228-5453

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**Disability Benefits  
Application Change  
Request Form**  
DS1328 Rev 1/23

[For CalSTRS' Official Use Only]

**CALSTRS**<sup>®</sup>

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

Use this form to change any elections made/confirmed on the *Disability Benefits Application* (DS0260) or the *DR Option Quote form* (DS1354). For a defined benefit election change or cancellation, CalSTRS must receive this change request form no later than 30 days after your first disability benefit payment has been issued by CalSTRS.

**Section 1: Member Information**

Provide either your client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

DATE OF BIRTH (MM/DD/YYYY)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE

COVERAGE TYPE:

(Choose one:)

☐ A

OR

☐ B

ALTERNATE PHONE NUMBER

**Section 2: Disability Benefit: Benefit Effective Date Change or Disability Benefit Application Cancellation**

Check the appropriate box. I previously submitted my *Disability Benefits Application* and I now request to:

☐ Change my disability benefit effective date from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

☐ Cancel my previously submitted *Disability Benefits Application* only.

☐ Cancel my previously submitted *Disability Benefits Application*, and remain on Service Retirement



**Section 3: Defined Benefit Election Change or Cancellation**

☐ **Cancel** my Modified Benefit; I am now electing a Member-Only Benefit.

☐ **Cancel** my Member-Only Benefit; I am now electing a Modified Benefit with an option.

Choose one of the following options and *complete the beneficiary information on the next page*:

☐ 100% Beneficiary Option

☐ 75% Beneficiary Option

☐ 50% Beneficiary Option

☐ Compound Option (If you choose the Compound Option, you must also complete and attach the *Compound Option Election* form.)

☐ **Change** my option from \_\_\_\_\_ to the following option (choose one):  
(Previous option election)

☐ 100% Beneficiary Option

☐ 75% Beneficiary Option

☐ 50% Beneficiary Option

☐ Compound Option (If you choose the Compound Option, you must also complete and attach the *Compound Option Election* form.)

☐ **Change** my option beneficiary.

- For 100% Beneficiary Option, 75% Beneficiary Option, or 50% Beneficiary Option, complete the information below.
- To change a Compound Option beneficiary, skip this section and complete the remainder of this form. You must also complete and attach the *Compound Option Election* form.

☐ I am electing a special needs trust as my option beneficiary. (Do not enter beneficiary information below. If you choose to elect a special needs trust as your option beneficiary, you must also complete and attach the *Certification of a Special Needs Trust* form.)

**THE NEW BENEFICIARY I AM ELECTING IS:**

BENEFICIARY'S NAME (LAST, FIRST, INITIAL)

BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID

MAILING ADDRESS

HOME TELEPHONE

ALTERNATE TELEPHONE NUMBER

CITY

STATE

ZIP CODE

DATE OF BIRTH(MM/DD/YYYY)

CALSTRS MEMBER?☐ YES ☐ NOGENDER☐ MALE ☐ FEMALE ☐ NONBINARYBIRTH DATE VERIFICATION ENCLOSED?☐ YES ☐ NORELATIONSHIP: ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER (RDP) ☐ OTHER



## Section 4: Defined Benefit Supplement Election Change

☐ **Change** my Defined Benefit Supplement election from my current choice, as elected on my *Disability Benefits Application* to my new election below (Complete the applicable portions of Section 4):

### New Defined Benefit Supplement Election

You have three payment choices for your Defined Benefit Supplement account. Choose only one:

**1. ☐ Lump-Sum Payment**

- Check paid to me directly. (Skip to section 4.1, Direct Payment.)
- Rollover to a financial institution. (Skip to section 4.1, Rollover.)

**2. ☐ Annuity Payment**

You have two choices. Choose one:

☐ **Period-Certain Monthly Annuity of 3 to 10 years\***

Number of years (choose one:) ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

**OR**

☐ **Lifetime Monthly Annuity\***

If you elected a **Member-Only benefit**, you have one choice:

☐ Member-Only Annuity

If you elected a **Modified Benefit**, you have three choices (**Coverage B Only**). Choose one:

☐ 100% Beneficiary Annuity ☐ 75% Beneficiary Annuity ☐ 50% Beneficiary Annuity

**3. ☐ Combination Lump Sum and Annuity**

After your lump-sum payment, at least \$3,500 must remain in your Defined Benefit Supplement account to fund an annuity. Indicate your lump-sum amount **and** choose one annuity.

\$ \_\_\_\_\_ **Lump-Sum Amount**

- Check paid to me directly. (Skip to section 4.1, Direct Payment.)
- Rollover to a financial institution. (Skip to section 4.1, Rollover.)

**Annuity (choose one):**

☐ **Period-Certain Monthly Annuity of 3 to 10 Years\***

Number of years (choose one:) ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

**OR**

☐ **Lifetime Monthly Annuity\***

If you elected a **Member-Only Benefit**, you have one choice:

☐ Member-Only Annuity

If you elected a **Modified Benefit**, you have three choices (**Coverage B Only**). Choose one:

☐ 100% Beneficiary Annuity ☐ 75% Beneficiary Annuity ☐ 50% Beneficiary Annuity

*\*This lifetime annuity and period-certain annuities of 10 years are not eligible for a rollover into a pretax account.*

### Section 4.1: Defined Benefit Supplement Payment Instructions

Indicate below if you want to receive your Defined Benefit Supplement distribution as a direct payment or a rollover.

#### Direct Payment

☐ I choose to have my Defined Benefit Supplement distribution paid directly to me. (Skip to sections 4.2, 4.3, 4.4 Taxes.)

OR

#### Rollover

☐ 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 on this page. If you choose a rollover to CalSTRS Pension2®, CalSTRS staff will obtain the financial institution representative's signature on your behalf.)

#### This Section Requires Your Financial Institution's Signature (Except for Pension2 Rollovers)

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

☐ Traditional IRA    ☐ Other eligible plan 403(b), 457, 401(k) or 401(a)    ☐ Roth IRA (taxable rollover)

**Select one:**    ☐ Amount to transfer \$ \_\_\_\_\_ (enter flat amount)

OR

☐ Percentage to transfer \_\_\_\_\_ (indicate 1%–100%)

#### Financial Institution Information (All information is required)

ACCOUNT NUMBER    MAKE CHECK PAYABLE TO (FULL NAME OF FINANCIAL INSTITUTION)

PAYMENT MAILING ADDRESS (FINANCIAL INSTITUTION)    CITY    STATE    ZIP CODE

NAME OF FINANCIAL INSTITUTION REPRESENTATIVE (PRINT)    TELEPHONE NUMBER    EXTENSION

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE\*    SIGNATURE DATE (MM/DD/YYYY)

**Rollover of After-Tax Contributions.** I elect to roll over my after-tax contributions to one of the plans listed below (not applicable for most accounts).

☐ Traditional IRA    ☐ Other eligible plan 403(b), 457, 401(k) or 401(a)    ☐ Roth IRA

**Select one:**    ☐ Amount to transfer \$ \_\_\_\_\_ (enter flat amount)

OR

☐ Percentage to transfer \_\_\_\_\_ (indicate 1%–100%)

#### Financial Institution Information (All information is required)

ACCOUNT NUMBER    MAKE CHECK PAYABLE TO (FULL NAME OF FINANCIAL INSTITUTION)

PAYMENT MAILING ADDRESS (FINANCIAL INSTITUTION)    CITY    STATE    ZIP CODE

NAME OF FINANCIAL INSTITUTION REPRESENTATIVE (PRINT)    TELEPHONE NUMBER    EXTENSION

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE\*    SIGNATURE DATE (MM/DD/YYYY)

**\*Certification:** My signature above confirms the account number for the individual named at the top page. As a representative of the financial institution or plan named above, I certify that this institution or plan agrees to accept the funds described above as a direct trustee-to-trustee transfer from CalSTRS for deposit into a qualified IRA or other eligible plan as defined in the Internal Revenue Code. I understand that my signature above authorizes the transfer of funds as indicated above.

#### **Section 4.2: Defined Benefit Supplement California State Income Tax Withholding Preferences**

CalSTRS will withhold 2% for state income tax for the payment made directly to you unless you request below not to have any state tax withheld, or you are a nonresident of California. If you live outside of California, but you expect to have a California income tax liability, you may select "Withhold California state income tax."

☐ Do not withhold California state income tax

☐ Withhold California state income tax

#### **Section 4.3: Defined Benefit Supplement Federal Income Tax Withholding Preferences**

##### **Direct Payment Lump Sum and Period-Certain Annuities of 3 to 9 Years**

Distributions that are eligible for rollover but are not directly rolled over to another tax-qualified retirement plan or IRA are subject to a mandatory 20% federal withholding rate. CalSTRS is required to withhold at least the mandatory 20% for federal tax, but you may designate a higher percentage below.

Enter a whole number (no decimals [21-100]): \_\_\_\_\_%

Note: **See [irs.gov](https://www.irs.gov) for information and instructions on Form W-4R.**

## Section 4.4: Defined Benefit Supplement Tax Withholding Preference

If you do not complete this section, CalSTRS must withhold federal income tax from your monthly benefit payments as single with no adjustments. We must withhold state income tax as married claiming three withholding allowances (unless you are a nonresident of California, in which case we will not withhold state tax).

### CALIFORNIA STATE INCOME TAX WITHHOLDING

☐ **Do not** withhold California state income tax.

**OR**

☐ **Withhold** California state income tax.

Withhold California state income tax based on the tax tables for (choose one):

☐ Married with \_\_\_\_ (Enter 0 or number allowances.)

☐ Single with \_\_\_\_ (Enter 0 or number of allowances.)

☐ Head of household with \_\_\_\_ (Enter 0 or number of allowances)

**Additional withholding:** \$ \_\_\_\_ from each benefit payment in addition to the amount to be withheld based on state tax tables. You must select one of the options above if you want additional withholding. Enter a dollar amount only.

**OR**

☐ Withhold only \$ \_\_\_\_ from each benefit payment.  
Enter a dollar amount only.

### FEDERAL INCOME TAX WITHHOLDING

☐ **Do not withhold** federal income tax from my monthly benefit payment.

**OR**

☐ **Withhold** federal income tax based on the tax tables for (choose one):

☐ Single or married filing separately

☐ Married filing jointly or qualifying widow(er)

☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Note:** A specific dollar amount cannot be withheld for federal income tax unless you also withhold according to the federal tax tables.

## Section 4.5: Additional income and other adjustments

Complete sections 4.6, 4.7, and 4.8 below only if they apply to you.

## Section 4.6: Income from you or a spouse's job, other pensions or annuities.

Complete this step if you have income from a job or more than one pension or annuity or are married filing jointly and your spouse receives income from a job or a pension or annuity.

- a. Job income.** If you (or your spouse) have one or more jobs, enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-." \$
- b. Pension or annuity income.** If you (or your spouse) have any other pensions or annuities (including other CalSTRS benefits) that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions or annuities. Otherwise, enter "-0-." \$
- c. Total.** Add the amounts above. \$

## Section 4.7: Claim dependent and other credits

**Note:** If line a of section 4.6 is blank and this pension or annuity pays the most annually, complete section 4.7 through line b in section 4.8. Otherwise, do not complete section 4.7 through line b of section 4.8.

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by \$2,000. \$
- Multiply the number of other dependents by \$600. \$
- Add other credits, such as foreign tax credit and education tax credits. \$
- Total.** Add the amounts for qualifying children, other dependents, and other credits. \$

## Section 4.8: Optional adjustments

- a. Other income (not from jobs and pension or annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of the other income here. This may include interest, taxable Social Security payments, and dividends. \$
- b. Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on IRS Form W-4P and enter the result. \$
- c. Extra withholding.** Enter any additional tax you want withheld from each payment. \$

**Section 5: Required Signatures**

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

- ☐ I am married or registered as a domestic partner and both our signatures are below.
- ☐ I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- ☐ I have never been married or in a registered domestic partnership.
- ☐ I am widowed or my registered domestic partner has died.
- ☐ I have been divorced or have terminated a registered domestic partnership and my former spouse or 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.

**Required Signatures**

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

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

MEMBER SIGNATURE	SIGNATURE DATE (MM/DD/YYYY)
CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE	SIGNATURE DATE (MM/DD/YYYY)
SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL)	SIGNATURE DATE (MM/DD/YYYY)