

# DBS Termination Benefit Distribution Election Change

RF 1506 (Rev. 07/13)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 88  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

Complete this form to change your previous Defined Benefit Supplement Termination Benefit distribution election choice.

Fill out the form in black or blue ink and keep a copy for your records. If the information is not correct and legible, your payment will be delayed and your application will be returned to you for correction. If you make a mistake completing the form, line through the error, make your correction and initial the change.

Mail the completed form to the address above or fax to 916-414-4395.

## Section 1: Member 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
E-MAIL ADDRESS			

## Section 2: Distribution Election Notice

My distribution election has changed.

## Section 3: Distribution Choices

I elect the following distribution choice for my Defined Benefit Supplement Termination Benefit. Choose one:

**Direct Payment to You**

I choose to have my Defined Benefit Supplement Termination Benefit mailed directly to me at the address listed in Section 1. Continue to Section 4, *Tax Withholding Preference*.

**Rollover to a Financial Institution**

I choose to roll over all or part of my eligible Defined Benefit Supplement Termination Benefit tax-deferred contributions and interest and after-tax contributions (if applicable) to the financial institution listed on page 2 of this application. The designated amount of my Defined Benefit Supplement Termination Benefit will be mailed directly to the financial institution address listed. Continue to page 2, *Defined Benefit Supplement Rollover*.



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# DBS Termination Benefit Distribution Election Change continued



NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

## Defined Benefit Supplement Rollover

Provide financial institution account information for both tax-deferred and after-tax rollovers (if applicable). Any amount not designated for rollover will be mailed directly to the address listed in Section 1, with federal tax withheld. Complete Section 4, *Tax Withholding Preference*, if you elect to receive any portion of your tax-deferred Defined Benefit Supplement Termination Benefit as a direct payment.

### Rollover of Tax-Deferred Contributions and Interest

This section requires your financial institution's signature (except for CalSTRS Pension2 rollovers).

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

**Select one:**  Amount to Transfer: \$ \_\_\_\_\_ **OR**  Percentage to Transfer (1–100%): \_\_\_\_\_%

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

PAYMENT MAILING ADDRESS CITY STATE ZIP CODE

FINANCIAL INSTITUTION REPRESENTATIVE'S NAME TELEPHONE



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

### Rollover of After-Tax Contributions (if applicable)

This section requires your financial institution's signature (except for CalSTRS Pension2 rollovers).

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

**Select one:**  Amount to Transfer: \$ \_\_\_\_\_ **OR**  Percentage to Transfer (1–100%): \_\_\_\_\_%

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

PAYMENT MAILING ADDRESS CITY STATE ZIP CODE

FINANCIAL INSTITUTION REPRESENTATIVE'S NAME TELEPHONE



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

**\*Certification:** My signature above confirms the account number for the individual named at the top of this 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 an eligible plan as defined in the Internal Revenue Code. I understand that my signature above authorizes the transfer of the funds as indicated above.

# DBS Termination Benefit Distribution Election Change continued



NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

## Section 4: Tax Withholding Preference

I choose to have all or part of my Defined Benefit Supplement Termination Benefit paid directly to me. I understand that 20 percent federal income tax must be withheld from the taxable portion of this distribution. If I choose to have California state income tax withheld, CalSTRS will withhold at 2 percent.

If I leave this section blank, CalSTRS must withhold California state income tax. However, if I reside outside California, CalSTRS will not withhold California state income tax unless I choose Yes.

**Withhold** California state income tax?  Yes  No

## Section 5: 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 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, or 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.

### Signatures

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)