

Cash Balance Benefit Program Trust as Named Recipient

CB 536 rev 1/16

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

If you wish to name a trust as recipient, clearly mark the appropriate box on the *Recipient Designation* form, available at CalSTRS.com/forms, and complete this form. A trust can be named as your primary recipient or secondary recipient. A trust can also be designated to be your sole recipient or to share with your co-recipients. Indicate in the appropriate boxes how you want your trust to be designated.

Section 1: Participant Information

PARTICIPANT'S NAME

CLIENT ID OR SOCIAL SECURITY NUMBER

TRUST NAME

SUCCESSOR TRUSTEE NAME

DATE OF TRUST

MAILING ADDRESS

CITY

STATE

ZIP CODE

- I designate this trust to be: Primary recipient (share and share alike with beneficiaries listed on my *Recipient Designation* form).
or Secondary recipient.
or Sole recipient (there are no primary recipients listed on my *Recipient Designation* form).

IMPORTANT

Check all that apply to your current and any 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 and signed 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 terminated a registered domestic partnership and my former spouse or registered domestic 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 registered domestic 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).



PARTICIPANT'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

NAME OF SPOUSE OR REGISTERED DOMESTIC PARTNER



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Send your completed *Trust As Named Recipient* form with your *Recipient Designation* form to:
CalSTRS, P.O. Box 15275, MS 43, Sacramento, CA 95851-0275. Retain a copy for your records.



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