Service Retirement Application Change Request - Instructions

Use this form to change only those elections made or confirmed at retirement on the *Service Retirement Application*. We must receive all changes no later than 30 days after your first payment is issued. Failure to complete the entire form or provide the required information may delay the processing of your change request.

Complete sections 1 and 5. For sections 2 through 4, only complete the sections that apply to the change you wish to make. Refer to your previously submitted *Service Retirement Application* (SR0059) when completing this form.

See *Your Retirement Guide* at CalSTRS.com/publications for more information.

You may be able to complete and submit this form using *my*CalSTRS for faster processing. Step-by-step guidance is provided to ensure you complete your application correctly.

SECTION 1: MEMBER INFORMATION

Include your mailing and email addresses, and home telephone number so we can contact you if we have any questions. Be sure your name on your form matches your name as it appears on your Social Security card. If you know it, include your Client ID instead of your Social Security number. You can find your Client ID on your annual *Retirement Progress Report*.

SECTION 2: RETIREMENT CHANGE OR CANCELLATION

Check the appropriate box to:

- Change the retirement date requested on your retirement application. Your new retirement date must be:
    - After your last date of paid employment or paid leave.
    - If your application is received by December 31, 2025, your retirement date may be no earlier than January 1, 2012.
    - **Effective January 1, 2026, your retirement date can be no earlier than 270 calendar days from when CalSTRS received your original *Service Retirement Application*.**
- Change your last day of paid employment listed on your retirement application.
- Cancel your retirement application. This will terminate your retirement benefits and restore your account to active member status.
- Change the retirement alternative you indicated on your retirement application. Continue reading for retirement alternative descriptions.

Note: If you are requesting to cancel your retirement or change your previously elected lump-sum distribution to an annuity, you must return the gross amount of all payments previously distributed within 45 days of your initial benefit payment or this form will be voided and your request denied.

Retirement Alternative Descriptions:

Normal Retirement

If you are under the CalSTRS 2% at age 60 retirement formula, you can retire as early as age 50 with at least 30 years of service credit or at age 55 with at least five years of service credit. The basic age factor is set at 2% at age 60. If you retire before age 60, the age factor gradually decreases to 1.1% at age 50. If you retire after age 60, it increases to a maximum of 2.4% at age 63.

Reduced Benefit Election

If you are at least age 55, but under age 60 and have at least five years of service credit, you may elect to apply for retirement under this alternative. See the *Your Retirement Guide* booklet for more information.

You are not eligible for this program if you previously received a service retirement or a Coverage A or Coverage B disability benefit from CalSTRS, are applying for service retirement while your disability application is being evaluated, or are a CalSTRS 2% at 62 member.

If you choose the Reduced Benefit Election, you will receive one-half of the monthly retirement benefit calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, you will receive your full retirement benefit. Your benefit will begin to accrue annual benefit adjustments at age 60 but you will not receive adjustment payments until you start receiving your normal retirement benefit.

SECTION 3: OPTION CANCELLATION OR CHANGE

Check the appropriate box to cancel or change the option and/or option beneficiary you elected or confirmed at retirement on your *Service Retirement Application*.

IMPORTANT: If you previously filed a preretirement election of an option, then confirmed that election on your *Service Retirement Application* and now wish to change or cancel the option or option beneficiary you elected:

- There will be an assessment and your future retirement benefit may be reduced for life.
- If this form is received on or after your retirement date, the change or cancellation will be effective as of the day before your retirement date.

If this form is received before your retirement date, the change or cancellation will be effective as of your signature date.

Member-Only Benefit

The Member-Only Benefit provides you with a monthly lifetime benefit, but it does not provide a monthly lifetime benefit to anyone when you die. It is the highest monthly benefit you can receive in retirement.

Modified Benefit

The Modified Benefit provides you with a modified monthly lifetime benefit as well as a modified monthly lifetime benefit for your option beneficiary after your death. Complete this section if you are electing an option beneficiary or if you elected an option beneficiary before retirement.

You will find descriptions of the options in the *Your Retirement Guide* booklet, including federal age restrictions that apply. For an estimate of how each option would affect your monthly retirement benefit, talk to a CalSTRS benefits specialist, use the *Retirement Benefits Calculator* at CalSTRS.com/calculators or complete the benefit estimate worksheet in the *Member Handbook.*

If you wish to elect or change an option for the benefit of a special needs trust, please mark the box and complete the beneficiary information on this form. A completed *Certification of a Special Needs Trust* (SR1854) form (available at CalSTRS.com/forms), must accompany this form.

Section 3.1: Compound Option Election

Complete this section if you are electing a Compound Option for a person or persons**.** Your option beneficiary must be a living person or persons or a special needs trust—it cannot be another type of trust, charity, estate or other entity.

The Compound Option allows three choices. You may:

- Name one option beneficiary, with an option choice, and retain a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each, and retain a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each, and not retain any of your benefit as a Member-Only Benefit.

Benefit Allocation/Option Beneficiary Designation

Enter the percentage that you want to retain as a Member-Only Benefit in the space provided. Please enter a zero if you do not want to retain a Member-Only Benefit portion. For each option beneficiary, choose one of the following: 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option. Then indicate the percent of your Member-Only Benefit you are allocating. You may select a different percentage for each beneficiary. We will not be able to process your election if the total allocation of your Compound Option election does not equal 100%.

Nonspouse Option Beneficiary: Age Restrictions

Under federal law, if you name someone other than your current or former spouse to be your option beneficiary under the 75% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 19 years younger than you.

Under federal law, if you name someone other than your current or former spouse to be your option beneficiary under the Compound Option, the type of option you may elect depends on your age and the age of your option beneficiaries:

- Under the 75% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 19 years younger than you.
- Under the 100% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 10 years younger than you.

These federal age restrictions also apply to registered domestic partners.

For more information on federal age restrictions to nonspouse option beneficiaries and registered domestic partners, see the *Your Retirement Guide* and the *Member Handbook* at CalSTRS.com/publications.

SECTION 4: DEFINED BENEFIT SUPPLEMENT ELECTION CHANGE

Be sure your new Defined Benefit Supplement election is permitted with your Defined Benefit election. For example, if your Defined Benefit election is a Member-Only Benefit, you can only elect the Member-Only Annuity for a Lifetime Monthly Annuity.

If your Defined Benefit Supplement account balance is less than $3,500, you are eligible to receive only a lump-sum payment. If your Defined Benefit Supplement account balance is greater than $3,500, you have three payment choices: lump sum, annuity or combination lump sum and annuity.

If you choose to receive your funds as a lump-sum payment, a period-certain annuity of three to nine years, or a combination of the two, enter your tax withholding preferences in section 4.1 and enter your payment instructions in section 4.2.

SECTION 4.1: DEFINED BENEFIT SUPPLEMENT TAX WITHHOLDING INSTRUCTIONS

Lifetime Monthly Annuity or Period-Certain Annuity of 10 Years

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise. We will default your federal income tax for your monthly payments as single with no adjustments and your California state income tax as married claiming three withholding allowances if your address is in California.

If you do not want taxes withheld, check the *Do Not Withhold* boxes. Be aware that there are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments.

See IRS Publication 505, *Tax Withholding and Estimated Tax*, at irs.gov. It explains estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough withheld from your benefit payments.

California does not tax the CalSTRS benefits of nonresidents. To learn more about California residency, see Franchise Tax Board Publication 1031, *Guidelines for Determining Resident Status*, at ftb.ca.gov.

Lump Sum Period-Certain Annuity of 3 to 9 Years

If you choose to have payments paid directly to you, we must withhold at least 20% for federal taxes unless the payment amount is less than $200. You may elect a higher percentage if you choose.

CalSTRS will withhold 2% California state tax if your address is in California unless you elect to not have state tax withheld.

SECTION 4.2: DEFINED BENEFIT SUPPLEMENT ELECTION PAYMENT INSTRUCTIONS

Check the box to indicate if you want to receive your Defined Benefit Supplement as a direct payment or rollover.

If you are rolling over your Defined Benefit Supplement funds, please complete section 4.3 for rollovers to CalSTRS Pension2® or complete section 4.4 for rollovers to all other financial institutions.

IMPORTANT: If you are doing a rollover, be sure to read the *Special Tax Notice: Your Rollover Options* or see the *Tax Considerations for Rollovers* publication at CalSTRS.com/publications.

SECTION 4.3: ROLLOVERS TO PENSION2

If you select CalSTRS Pension2 for your rollover, we will obtain the required signatures on your behalf. If you already have a Pension2 account, we will roll over your Defined Benefit Supplement funds to that account. If you do not have a Pension2 account, we will open a Pension2 403 (b) account for you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. To access your account, visit CalSTRS.com/Pension2 or call 844-electP2 (844-353-2872).

SECTION 4.4: ROLLOVERS TO ANOTHER QUALIFIED PLAN WITH A FINANCIAL INSTITUTION

Complete this section only if you are rolling over your Defined Benefit Supplement funds to a different financial institution than Pension2.

If you submit a letter of acceptance with your application, the rollover will be sent directly to your financial institution. **Check the appropriate box if you have attached a letter of acceptance from your financial institution.** If you do not submit a letter of acceptance, the rollover will be sent to your mailing address provided in section 1 of the application and you will have 60 days to deposit it to the financial institution.

It is imperative that the financial institution name and account number are correct. If the information is incomplete or not legible, your rollover and retirement application change request will be delayed. We are not able to process direct trustee-to-trustee transfers to financial institutions outside the U.S.

SECTION 5: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *Service Retirement Application Change Request* form. Your signature date is the date you signed this form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date this form.

If your spouse or registered domestic partner does not sign this form, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* (MS11125A) 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 that box. 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, we may ask you to provide them.

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.

Signature dates can be no earlier than six months before your requested retirement date.

Electronic signatures are only accepted with online submissions through *my*CalSTRS using DocuSign.

SUBMITTING YOUR SERVICE RETIREMENT APPLICATION CHANGE REQUEST

Submit pages 1–10 of your *Service Retirement Application Change Request* by one of the following methods. Keep a copy for your records.

*my*CalSTRS

Complete and submit your application online using *my*CalSTRS for faster processing.

Hand Delivery

Hand deliver your application to a local CalSTRS office (see the *Your Retirement Guide* booklet at CalSTRS.com/publications or visit CalSTRS.com/forms-drop).

Mail Your Application

CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your application to:

CalSTRS
Member Services 100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5965 or 916-414-5964

Service Retirement Application Change Request

SR1328 • REV 05/25

[For CalSTRS' Official Use Only]

California State Teachers' Retirement System
P.O. Box 15275 MS 65
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Use this form to change only those elections made or confirmed at retirement on the *Service Retirement Application.* CalSTRS must receive all changes on this form **no later than 30 days after your first payment is issued by CalSTRS.**

Please read the instructions carefully before completing this form.

Section 1: Member Information

CLIENT ID OR SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Retirement Change or Cancellation

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

☐ Change my retirement date from ______________to______________.

☐ Change my last date of paid employment from ____________to__________.

☐ Cancel my retirement alternative from my current choice to:

☐ Normal Retirement

☐ Reduced Benefit Election

☐ Cancel my previously submitted *Service Retirement Application.* I will remain in active member status.

SR1328

Client ID or SSN: ______________________________

Section 3: Option Cancellation or Change

If you are changing your preretirement election on an option, an assessment will apply. (Age restrictions apply to the 75% Beneficiary Option for non-spouse option beneficiaries. For details, see the Instructions section.) If you have a court-ordered option on file with our system, this form will designate the balance remaining after the court-ordered share is deducted. If you have questions regarding this, please contact the Community Property office.

☐ 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 below.

- ☐ 100% Beneficiary Option
- ☐ 75% Beneficiary Option
- ☐ 50% Beneficiary Option
- ☐ Compound Option (Skip to section 3.1)

☐ Change my option from ______________________________ to (choose one):
(previous option election)

- ☐ 100% Beneficiary Option
- ☐ 75% Beneficiary Option
- ☐ 50% Beneficiary Option
- ☐ Compound Option (Skip to section 3.1)

☐ Change my option beneficiary.

- ☐ For 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option, complete the information below.
- ☐ I am changing a Compound Option beneficiary. (Skip to section 3.1)

☐ **I am electing a special needs trust**. If you are electing a special needs trust, check the box, provide your beneficiary information below, and complete the *Certification of a Special Needs Trust* (SR1854) form, available at CalSTRS.com/forms, and submit it with this application.

The new beneficiary I am electing at retirement is:

____
BENEFICIARY'S NAME (LAST, FIRST, MI) BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID

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

____
EMAIL ADDRESS PHONE NUMBER

Member of CalSTRS: ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female ☐ Nonbinary

Relationship: ☐ Spouse ☐ Registered Domestic Partner ☐ Other

My beneficiary is not a member of CalSTRS. The following birth date verification document is provided:

☐ State-Issued ID ☐ Birth Certificate ☐ U.S. Passport ID Page ☐ Other

Section 3.1: Compound Option Election

☐ **I am electing multiple options at retirement.**

Each of your beneficiaries must be a living person or a special needs trust and cannot be another type of trust, corporation, charity, estate or other entity. For each option beneficiary, elect one of the following: 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option. Then, allocate a percentage of your Member-Only Benefit. (Age restrictions apply to the 75% and 100% Beneficiary Options for non-spouse option beneficiaries. For details, see the Instructions section.) We cannot process your election if the total allocation of your Member-Only Benefit does not equal 100%. (See Instructions.)

Provide all the information requested for each option beneficiary, including birth date verification.

NOTE: Use additional copies of the form if you wish to designate more than three option beneficiaries.

I choose to retain __________% (indicate 0–99%) of my benefit as the Member-Only Benefit. Enter the percentage that you want to retain as a Member-Only Benefit in the space provided. Please enter a zero if you do not want to retain a Member-Only portion.

1. I elect the (select one): ☐ 100% ☐ 75% ☐ 50% **Beneficiary Option and allocate __________% of my Member-Only Benefit.**

Enter your beneficiary information. If you are electing a special needs trust, please check the box, provide your beneficiary information below and complete the *Certification of a Special Needs Trust* form, available online at CalSTRS.com/forms, which must be submitted with this form.

☐ **I am electing a special needs trust.**

BENEFICIARY'S NAME (LAST, FIRST, MI) | BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID

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

EMAIL ADDRESS | PHONE NUMBER

Member Of CalSTRS: ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female ☐ Nonbinary

Relationship: ☐ Spouse ☐ Registered Domestic Partner ☐ Other

If your beneficiary is not a member of CalSTRS, you must attach birth date verification.

☐ State-Issued ID ☐ Birth Certificate ☐ Passport ID ☐ Other

Section 3.1: Compound Option Election Continued

2. I elect the (select one): ☐ 100% ☐ 75% ☐ 50% **Beneficiary Option and allocate** _________% **of my Member-Only Benefit.**

Enter your beneficiary information. If you are electing a special needs trust, please check the box, provide your beneficiary information below and complete the *Certification of a Special Needs Trust* form, available online at CalSTRS.com/forms, which must be submitted with this form.

☐ **I am electing a special needs trust.**

BENEFICIARY'S NAME (LAST, FIRST, MI) BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID

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

EMAIL ADDRESS PHONE NUMBER

Member Of CalSTRS: ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female ☐ Nonbinary

Relationship: ☐ Spouse ☐ Registered Domestic Partner ☐ Other

If your beneficiary is not a member of CalSTRS, you must attach birth date verification.

☐ State-Issued ID ☐ Birth Certificate ☐ Passport ID ☐ Other

3. I elect the (select one): ☐ 100% ☐ 75% ☐ 50% **Beneficiary Option and allocate** _________% **of my Member-Only Benefit.**

Enter your beneficiary information. If you are electing a special needs trust, please check the box, provide your beneficiary information below and complete the *Certification of a Special Needs Trust* form, available online at CalSTRS.com/forms, which must be submitted with this form.

☐ **I am electing a special needs trust.**

BENEFICIARY'S NAME (LAST, FIRST, MI) BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID

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

EMAIL ADDRESS PHONE NUMBER

Member of CalSTRS: ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female ☐ Nonbinary

Relationship: ☐ Spouse ☐ Registered Domestic Partner ☐ Other

If your beneficiary is not a member of CalSTRS, you must attach birth date verification.

☐ State-Issued ID ☐ Birth Certificate ☐ Passport ID ☐ Other

CALSTRS Client ID or SSN: ______________________________

Section 4: Defined Benefit Supplement Election Change

Change previous Defined Benefit Supplement Election

☐ **Change** my Defined Benefit Supplement election from my current choice as elected on my *Service Retirement Application* to my new election below. (Complete the application 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 or Rollover** You have three choices. **Choose one:**

- ☐ Check paid directly to you. (Skip to section 4.1 and select *Direct Payment* in section 4.2.)
- ☐ Rollover to CalSTRS Pension2®. (Skip section 4.1 and select *Rollover* in section 4.2).
- ☐ Rollover to another qualified plan with a financial institution. (Skip section 4.1 and select *Rollover* in section 4.2.)

2.☐ **Annuity Payment** You have two choices. **Choose one:**

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

Number of years you've chosen: _________ years.

- ☐ Check paid to you directly. (Skip to section 4.1 and select Direct Payment in section 4.2.)
- ☐ Rollover to CalSTRS Pension2. (Skip to section 4.1 and select Direct Payment in section 4.2.)
- ☐ Rollover to another qualified plan with a financial institution. (Skip section 4.1 and select *Rollover* in section 4.2.)

OR

☐ **Lifetime Monthly Annuity***

- ☐ Elected the **Member-Only Benefit** and will receive the Member-Only Annuity.
- ☐ Elected the **Modified Benefit** and choose one of the following:

☐ 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 payment amount and select one annuity.

$________________**Lump-Sum Amount**

- ☐ Check paid to you directly. (Select *Direct Payment* in section 4.2.)
- ☐ Rollover to Pension2. (Select *Rollover* in section 4.2.)
- ☐ Rollover to another qualified plan with a financial institution. (Select *Rollover.)*

CALSTRS

Client ID OR SSN: ____________

Section 4: Defined Benefit Supplement Election Change Continued

Annuity (choose one):

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

Number of years you've chosen: ________ years.

☐ Check paid to you directly. (Select Direct Payment in section 4.2.)

☐ Rollover to CalSTRS Pension2. (Select *Rollover* in section 4.2.)

☐ Rollover to another qualified plan with a financial institution. (Select *Rollover* in section 4.2.)

OR

☐ **Lifetime Monthly Annuity***

☐ Elected the **Member-Only Benefit** and will receive the Member-Only Annuity.

☐ Elected the **Modified Benefit** and choose one of the following:

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

***Lifetime monthly annuities and period-certain annuities of 10 years are not eligible for rollover into a pretax account.**

Section 4.1: Defined Benefit Supplement Payment and Tax Withholding Instructions

Lifetime Monthly Annuity or Period-Certain Annuity of 10 Years

We will default your federal income tax for your monthly payments as single with no adjustments and your California state income tax as married claiming three withholding allowances. You may elect to not withhold state or federal income tax by checking one or both boxes below. If you are a nonresident of California, we will not withhold California state tax unless you elect to have California state tax withheld.

CALIFORNIA STATE INCOME TAX WITHHOLDING	FEDERAL INCOME TAX WITHHOLDING
☐ **Do not** withhold California State income tax.	☐ **Do not** withhold Federal income tax.

Note: There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may avoid paying quarterly estimated taxes by having enough state and federal taxes withheld from your benefit payment.

You can update your tax withholding preferences online using your *my*CalSTRS account or the *Income Tax Withholding Preference Certificate* (AD0908) form, available at CalSTRS.com/forms.

Lump Sum or Period-Certain Annuity of 3 to 9 Years—Distribution Instructions

Federal law requires CalSTRS to withhold to 20% federal income tax from all lump-sum payments and period-certain annuities of three to nine years that are paid directly to you. CalSTRS will automatically withhold federal tax from your payment.

Optional: If you would like more than 20% withheld for federal income tax, you may designate a higher percentage.

Enter a whole number (no decimals): ________________

Note: See irs.gov for information and instructions on Form W-4R.

Under state law, you can choose not to have any state tax withholding. If you choose to have state tax withheld, CalSTRS will withhold at 2%.

Withhold California state income tax? ☐ Yes ☐ No

CALSTRS Client ID or SSN: ____________________________

Section 4.2: Defined Benefit Supplement Election Instructions

I have received and read the *Special Tax Notice: Your Rollover Options* found at CalSTRS.com/publications. **I understand I have at least 30 days before distribution to consider the information provided in this notice and decide whether to elect a direct rollover to another retirement plan or have the amount distributed to me.** The 30-day waiting period has been met or I waive the 30-day period. Indicate below if you want to receive your Defined Benefit Supplement distribution as a direct payment or a rollover.

Select one:

☐ **Direct Payment:** I choose to have my Defined Benefit Supplement distribution paid directly to me. (Skip to section 5.) **OR**

☐ **Rollover**: I choose to roll over all or part of my Defined Benefit Supplement distribution to a qualified plan with a financial institution. I understand that only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. **Note:** Any amount not designated for rollover will be paid directly to me.

Section 4.3: Rollovers to Pension2

Complete this section if your rollover is to CalSTRS Pension2.

I choose to roll over all or part of my Defined Benefit Supplement distribution to CalSTRS Pension2. Only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover.

Complete the information below. If you already have a Pension2 account, we will roll over your Defined Benefit Supplement funds to that account. If you do not have a Pension2 account, we will open a Pension2 403(b) account for you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. To access your account, visit CalSTRS.com/Pension2 or call 844-353-2872.

☐ Rollover of **Tax-Deferred Contributions and Interest**

☐ Rollover of **After-Tax Contributions**

Select one:

☐ Amount to transfer: $ _____________ **OR**

☐ Percentage to transfer: _____________%

Next: If you:

- Chose to **roll over 100%** of your Defined Benefit Supplement account to CalSTRS Pension2, **skip to section 5.**
- Chose to **roll over less than 100%** of your Defined Benefit Supplement account, go to section 4.1 to indicate your tax withholding preferences.

CalSTRS Pension2 403(b) and 457(b) Plans

Pension2, CalSTRS' voluntary defined contribution plan, offers 403(b), 457(b), Roth 403(b) and Roth 457(b) plans with flexible investment choices and low costs:

- Investments selected and monitored by CalSTRS for every type of investor – an investment with a competitive guaranteed rate of return, Easy Choice Portfolios that provide ready-made diversified portfolios, Core Investment Options to build your own portfolio, including institutional class mutual funds with lower expense ratios than retail mutual funds, and a Self-Directed Brokerage Account for experienced investors.
- Simple, low-cost and transparent costs – there are no commissions, no surrender charges, no front- or back-end load fees. Services, planning tools and a team to help you succeed. To learn more, go to Pension2.com, call 888-394-2060 or email Pension2@CalSTRS.com.

Section 4.4: Rollovers to Another Qualified Plan With a Financial Institution

Complete this section if your rollover is to a financial institution other than CalSTRS Pension2.

I choose to roll over all or part of my Defined Benefit Supplement distribution to another qualified plan with a financial intuition. Only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. Complete Section 4.1: Tax Withholding Preferences, if you elect to receive any portion of your tax-deferred funds as a direct payment. **Note:** If rolling over account funds to different financial institutions and/or different accounts, make a copy of this page for each financial institution and/or different account, check the applicable boxes above and complete the financial institution information below.

Complete the information below and check all boxes that apply:

- ☐ Rollover of **Tax-Deferred Contributions and Interest**
- ☐ Rollover of **After-Tax Contributions**

If you submit a letter of acceptance with your application, the rollover will be sent directly to your financial institution. **Check the appropriate box if you have attached a letter of acceptance from your financial institution.** If you do not submit a letter of acceptance, the rollover will be sent to your mailing address provided in section 1 of the application and you will have 60 days to deposit it to the financial institution.

☐ I have attached a letter of acceptance from my financial institution.

Select one:

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

Select one:

- ☐ Amount to transfer: $ _____________

OR

- ☐ Percentage to transfer (1%–100%): _____________%

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

CALSTRS Client ID or SSN: ______________________________

Section 5: Required Signatures

Check all that apply to your current and previous marital status. (You must check at least one.)

☐ 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 certify that I have read the Service Retirement Application Change Request instructions. I fully understand that if these changes are approved by CalSTRS—and if needed, verified by my employer—I will be officially retired as of the retirement date I requested, provided CalSTRS receives this form no later than 30 days from the date my first benefit payment is issued by CalSTRS.

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

NOTE: Signature dates can be no earlier than six months before your requested retirement date. Electronic signatures are only accepted with online submissions through *my*CalSTRS using DocuSign.

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