

Service Retirement Application Change Request–Information and Instructions

GENERAL INFORMATION:

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 section 1 and section 6. For sections 2 through 5, only complete the sections that apply to the change you wish to make. Refer to all seven pages of your previously submitted *Service Retirement Application* when completing this form.

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

SECTION 1: MEMBER INFORMATION

Include your mailing and email addresses, and home and alternate telephone numbers 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 *Retirement Progress Report*.

Note: The mailing address you provide will also be used for tax withholding purposes unless you provide other documentation.

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:
 - » On or after January 1, 2012.
 - » After your last date of paid employment or paid leave.
- 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.

Retirement Alternative Descriptions:

Normal Retirement

If you are under CalSTRS 2% at age 60, 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 percent at age 60. If you retire before age 60, the age factor gradually decreases to 1.1 percent at age 50. If you retire after age 60, it increases to a maximum of 2.4 percent at age 63.

Reduced Benefit Election

If you are at least age 55, but are under age 60 and have at least five years of service credit, you may elect to apply for retirement under this alternative. You will receive one-half the monthly benefit amount calculated as if you were age 60. Your reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, your retirement benefit will be the amount you would have received had you retired at age 60. If you elect this alternative, you must also complete and submit the *Reduced Benefit Election* form.

SECTION 3: OPTION CHANGE OR CANCELLATION

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

If you choose a Compound Option, you must complete and attach the *Compound Option Election* form.

If you wish to elect or change an option for the benefit of a special needs trust, please mark the box and proceed to section 6. Do not complete the beneficiary information on this form. Contact CalSTRS for further instructions and the required forms that must accompany this form.

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.

SECTION 4: DEFINED BENEFIT SUPPLEMENT ELECTION CHANGE

Check the appropriate box to change your election.

- From: Enter the election you made on your *Service Retirement Application*.
- To: Check the box next to your new 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 eligible to receive only a lump-sum payment. If your Defined Benefit Supplement account is greater than \$3,500, you have three payment choices.

Service Retirement Application Change Request—Information and Instructions

SECTION 5: DEFINED BENEFIT SUPPLEMENT PAYMENT AND TAX WITHHOLDING INSTRUCTIONS

Lifetime Monthly Annuity or Period-Certain Annuity of 10 Years

Complete this portion of section 5 if you elected a lifetime annuity or a period-certain annuity of 10 years for your Defined Benefit Supplement funds. You will need to specify your tax withholding preferences. If you do not want taxes withheld, mark the *Do Not Withhold* boxes. If you want taxes withheld, mark the appropriate boxes and specify the number of allowances. For California state tax withholding, you may elect a flat amount instead.

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. Mark the appropriate box to have your funds paid directly to you or rolled over to a qualified plan. If you chose a lifetime annuity or period-certain annuity of 10 years, you do not need to complete this portion of section 5. If you chose a rollover, complete all of the information in section 5.

CalSTRS will withhold 20 percent federal income tax on rollover eligible distributions that are not rolled over. We will also withhold 2 percent California income tax from these distributions unless you are not a California resident or you mark the *Do Not Withhold California state income tax* box.

CalSTRS Pension2[®] Rollovers: If you select CalSTRS Pension2 for your rollover, we will obtain the required signatures on your behalf. Your Pension2 account will be opened and we will give you a courtesy call to discuss your investment options. If we cannot reach you by phone, your investment will be defaulted into the Voya Fixed Plus III guaranteed account. You can reallocate your investment at any time. For more information or to enroll, visit Pension2.com or call toll free 844-electP2 (844-353-2872).

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

SECTION 6: 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* 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.

SUBMITTING YOUR SERVICE RETIREMENT APPLICATION CHANGE REQUEST

Submit pages 1–5 of your *Service Retirement Application Change Request* by one of the following methods. Keep a copy for your records.

Hand Delivery

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

Mail Your Application

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

Fax Delivery

916-414-5965

Service Retirement Application Change Request

SR 1328 rev 04/17

CALSTRS®

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 **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

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER
MAILING ADDRESS This address will be used for tax withholding purposes in absence of additional documentation.			DATE OF BIRTH (MM/DD/YYYY) ()
CITY	STATE	ZIP CODE	HOME TELEPHONE ()
EMAIL ADDRESS			ALTERNATE PHONE

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 previously submitted *Service Retirement Application*.
- Change my retirement alternative from my current choice to:
 - Normal Retirement
 - Reduced Benefit Election (I have completed and attached the *Reduced Benefit Election* form.)

Section 3: Option Cancellation or Change

If you are changing your preretirement election of an option, an assessment will apply.

- 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 (I have completed and attached the *Compound Option Election* form.)
- Change my option from _____ to (choose one):
(previous option election)
 - 100% Beneficiary Option
 - 75% Beneficiary Option
 - 50% Beneficiary Option
 - Compound Option (I have completed and attached the *Compound Option Election* form.)



Section 3: Option Cancellation or Change continued

- 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. (Do not enter beneficiary information below. You must also complete and attach the *Compound Option Election* form.)
 - I am electing a special needs trust. (Do not enter beneficiary information below. Contact CalSTRS for instructions and the required forms that must be submitted with this application.)

The new beneficiary I am electing at retirement is:

BENEFICIARY'S NAME (LAST, FIRST, INITIAL)		BENEFICIARY'S SOCIAL SECURITY NUMBER OR TAX ID	
()		()	
MAILING ADDRESS	HOME TELEPHONE	ALTERNATIVE TELEPHONE	
CITY	STATE	ZIP CODE	DATE OF BIRTH (MM/DD/YYYY)
EMAIL ADDRESS			
CalSTRS MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Birth date verification enclosed	RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Section 4: Defined Benefit Supplement Election Change

Confirm 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 applicable portions of section 5.)

New Defined Benefit Supplement Election

1. **Lump-Sum Payment**
 - Check paid to you directly. (Skip to section 5 and select Direct Payment.)
 - Rollover to a financial institution. (Skip to section 5 and select Rollover.)
2. **Annuity Payment** You have two choices. Select one of the following:
 - Period-Certain Monthly Annuity of 3 to 10 years***
 Number of years (circle one) 3 4 5 6 7 8 9 10
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 5.)
 - Rollover to a financial institution. (Select *Rollover* in section 5.)

Annuity (choose one):

 - Period-Certain Monthly Annuity of 3 to 10 Years***
 Number of years (circle one) 3 4 5 6 7 8 9 10
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 5: Defined Benefit Supplement Payment and Tax Withholding Instructions

Lifetime Monthly Annuity or Period-Certain Annuity of 10 Years

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payments based on rates for a married person claiming three withholding allowances, unless you live outside California. (California does not tax benefits of nonresidents. If you do not live in California but think you may be liable for California state income tax, you may request us to withhold state income tax.)

CALIFORNIA STATE INCOME TAX WITHHOLDING

Do not withhold California state income tax.

OR

Withhold exactly \$_____ from each benefit payment. (Enter a flat dollar amount only.)

OR

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

- Single _____ (Enter 0 or number of allowances.)
- Married _____ (Enter 0 or number of allowances.)
- Head of household _____ (Enter 0 or number of allowances.)

Additional withholding: \$_____ from each benefit payment in addition to the amount to be withheld based on the state tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

FEDERAL INCOME TAX WITHHOLDING

Do not withhold federal income tax.

OR

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

- Single _____ (Enter 0 or number of allowances.)
- Married _____ (Enter 0 or number of allowances.)

Additional withholding: \$_____ from each benefit payment in addition to the amount to be withheld based on the federal tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

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

Federal law requires that CalSTRS withhold 20 percent federal income tax from all lump-sum payments and period-certain annuities of 3 to 9 years that are paid directly to you. CalSTRS will automatically withhold federal tax from your payment. Unless you elect "Do not withhold California state income tax" or you are not a resident of California, CalSTRS will withhold state tax at 2 percent. In absence of additional documentation, CalSTRS will presume California residency for tax purposes based on the address on file with CalSTRS.

Do not withhold California state income tax. **YES** **NO**

Select **ONE** of the following two distribution choices for your lump-sum payment or period-certain annuity:

1. **Direct Payment:** I choose to have my Defined Benefit Supplement distribution paid directly to me. I understand that my Defined Benefit Supplement payment will be sent to the same address as my CalSTRS retirement benefit.

2. **Rollover:** I choose to roll over all or part of my Defined Benefit Supplement distribution to a financial institution.

Continue to the next page to complete the rest of section 5. *Any amount not designated for transfer and any amount that is the required minimum distribution according to Internal Revenue Code will be mailed directly to you.*

Section 5: Defined Benefit Supplement Payment and Tax Withholding Instructions continued

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

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.

Select one: Amount to transfer \$ _____ **OR** Percentage to transfer (Indicate 1-100%) ____%

Select one: **CalSTRS Pension2** (Skip to section 6.) Traditional, SEP or SIMPLE IRA Roth account (taxable rollover)
 Other eligible plan (403(b), 457(b), 401(k) or 401(a))

Financial Institution Information for tax-deferred contributions. All information is required.

Account Number _____ Make Check Payable to (Full Name of the Financial Institution) _____

Payment Mailing Address _____ City _____ State _____ ZIP Code _____

Name of Financial Institution Representative _____ Telephone (____) _____

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.

Select one: Amount to transfer \$ _____ **OR** Percentage to transfer (Indicate 1-100%) ____%

Select one: **CalSTRS Pension2** (Skip to section 6.) Traditional, SEP or SIMPLE IRA Roth account
 Other eligible plan (403(b), 457(b), 401(k) or 401(a))

Financial Institution Information for after-tax contributions. All information is required.

Account Number _____ Make Check Payment to (Full Name of the Financial Institution) _____

Payment Mailing Address _____ City _____ State _____ ZIP Code _____

Name of Financial Institution Representative _____ Telephone (____) _____

Financial Institution Representative Signature* _____ Signature Date (MM/DD/YYYY) _____

***Certification:** My signature above confirms the account number for the individual named in section 1 of this application. 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 qualified plan as defined in the Internal Revenue Code. I understand that my signature above authorizes the transfer of CalSTRS funds as indicated above.

Section 6: 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, 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.

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, up to one year in jail and/or 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)

SIGNATURE DATE (MM/DD/YYYY)