

Disability Allowance To Service Retirement Application—Information and Instructions

Read the instructions carefully before completing the form. Print clearly, in dark ink, all information requested. Initial all corrections and sign at the end. Keep a copy of the completed application for your records.

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 application matches your name as it appears on your Social Security card. Include your Client ID or Social Security number. Be sure to include your date of birth and your retirement date. Place an "X" in the box to identify your gender.

Retirement Date

Your disability allowance will be terminated when you reach age 60, or when your eligible dependent children reach age 22.

Your service retirement date may be retroactive to at least one day after your disability allowance is terminated or on or after January 1, 2012, whichever is later. Only when CalSTRS receives your complete and correct *Disability Allowance to Service Retirement Application*, will your benefit be converted to a service retirement benefit, effective the retirement date designated on this application.

If you are approaching the termination of your disability allowance and delay returning this application, there may be an interruption in receiving an ongoing benefit.

Note: Once your disability allowance has been converted to service retirement, your 2 percent annual benefit adjustment increase will be recalculated if the service retirement benefit is the lower amount when determining your total allowance. The 2 percent annual benefit adjustment increase will either continue or begin after the first anniversary of your retirement, and be effective each year on September 1, payable on your October 1 benefit payment.

SECTION 2: YOUR DEFINED BENEFIT ELECTION

Preretirement Information

If you have previously filed a *Preretirement Election of an Option* form and wish to change or cancel your election, you must complete one of the following forms:

- *Preretirement Election of an Option*
- *Preretirement Compound Option Election* for the Compound Option (formerly known as Option 8)
or
- *Retirement Application Change Request* for changes made at the time of retirement.

CalSTRS must receive all requests for changes or cancellations on your form no later than 30 days from the date CalSTRS issues your first service retirement benefit payment.

If you do not wish to modify your retirement benefit to provide a continuing monthly benefit to a beneficiary, check the Member-Only Benefit box and *do not* fill in the beneficiary information.

If you choose an option, check the appropriate option box and complete the beneficiary information. If you elect 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option, only one option beneficiary may be designated. The Compound Option offers various choices. You may name one or more option beneficiaries and keep a portion of your benefit as the Member-Only Benefit, or you may name multiple beneficiaries to receive a monthly benefit without keeping a portion of your benefit as the Member-Only Benefit. Your benefit election will become effective as of your retirement date.

Member-Only Benefit:

Provides you with a lifetime monthly benefit. Upon your death, no continuing amount is payable to a beneficiary.

100% Beneficiary Option:

Provides you with a lifetime monthly retirement benefit with a reduction based on your age and your option beneficiary's age. Upon your death, your option beneficiary will continue to receive the same benefit that you were receiving. If your option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit.

75% Beneficiary Option:

Provides you with a lifetime monthly retirement benefit with a reduction based on your age and your option beneficiary's age. Upon your death, your option beneficiary will receive 75% of the amount you were receiving. If your option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit.

50% Beneficiary Option:

Provides you with a lifetime monthly retirement benefit with a reduction based on your age and your option beneficiary's age. Upon your death, your option beneficiary will receive one-half of the benefit that you were receiving. If your option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit.

Compound Option:

Provides you with a lifetime monthly retirement benefit with a reduction based on the number of beneficiaries and their designated options. Under the Compound

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Option, you may elect the same option or a different option (100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option) for each option beneficiary. Upon your death, the option beneficiaries will receive a monthly benefit as stated under the designated options. If the option beneficiaries predecease you, your benefit will change as stated under those designated options.

Your retirement benefit will be calculated based on the option you elect on this form, your age and your option beneficiary's age.

If you elect the 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option or elect one of these options for an option beneficiary under the Compound Option, you may select a new option beneficiary after the effective date of retirement, if your previously elected option beneficiary predeceases you. The Modified Benefit as of the effective date will be used to calculate your new Modified Benefit. The change will become effective six months following the date it is received by CalSTRS, provided both you and the new option beneficiary are living.

If you elect an option (100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option) or elect one of these options for one of the beneficiaries under the Compound Option at the time of retirement, and your previously elected option beneficiary is living, there are two circumstances that will allow you to elect a new option beneficiary after retirement:

- You may cancel an option election for your former spouse or former registered domestic partner and elect the Member-Only Benefit or elect a new option beneficiary, if a final decree of the dissolution of marriage, dissolution or termination of a registered domestic partnership, or judgment of nullity has been entered, or an order of separate maintenance has been made on or after January 1, 1978. You may make this election by completing the *Postretirement Option Change* (SR 1586) form, which can be requested by calling us. The new choice must be consistent with the court order. The change will be in effect on the date CalSTRS receives it.
- You may change your option beneficiary to your spouse or registered domestic partner if your previously chosen option beneficiary is not your spouse, partner, former spouse, or former partner by completing the *Postretirement Option Change* (SR 1586) form, which can be requested by calling us.

CalSTRS will send you an estimate for the cost of each option. When you have chosen an option, CalSTRS will process the change. A marriage certificate or declaration of domestic partnership and your beneficiary's birth date verification will be required. The election will become effective six months following the date CalSTRS receives it, provided both you and the new option beneficiary are living.

Changes in option beneficiaries must not require CalSTRS to incur any additional financial liability; therefore, your allowance will be recalculated based upon your age and the ages of the new option beneficiaries, as of the effective date of the new election. Your benefit will be modified further based on the recalculation.

SECTION 3: OTHER PUBLIC RETIREMENT SYSTEMS

If you are retiring for service with any of the following California public retirement systems and you did not perform service between your CalSTRS retirement date and the other public system's retirement date, CalSTRS may be able to use the other system's salary information to calculate final compensation if your service does not overlap.

Complete this section of the application only if you are receiving or will receive a service retirement benefit from one of the following California public retirement system: CalPERS, University of California Retirement System, San Francisco Employees' Retirement System, Legislators' Retirement System, or the 1937 Act County retirement systems from the following counties:

Alameda	Contra Costa	Fresno	Imperial
Kern	Los Angeles	Marin	Mendocino
Merced	Orange	Sacramento	San Bernardino
San Diego	San Joaquin	San Mateo	Santa Barbara
Sonoma	Stanislaus	Tulare	Ventura

If you are retiring concurrently from a 1937 Act County retirement system, please enter the name of the county in the space provided.

Retirement Date:

Enter the date of service retirement from the other public retirement system.

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SECTION 4: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *Disability Allowance to Service Retirement Application*. 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 available at CalSTRS.com/forms or by calling us.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefit 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.

All requested application information is needed for CalSTRS to determine your benefits. The California Education Code provides the authority to obtain this information. If the information is not provided, the result may be a delay in benefits being paid, or in some cases, contributions being withheld by your employer until the information is submitted. Upon request and submission of proper identification, you have the right to review your file maintained by CalSTRS.

SUBMITTING YOUR APPLICATION

Make a copy of your application for your records.

Hand Delivery:

Hand deliver your application to a local CalSTRS benefits planning office. Visit CalSTRS.com/forms-drop for locations.

Mailing Address:

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:

916-414-5964 or 916-414-5965

RETIREMENT CHANGE REQUESTS

To change your retirement date, alternative, option, option beneficiary, or to cancel your *Disability Allowance to Service Retirement Application*, you must complete the *Service Retirement Application Change Request* form.

To change your option election to a Compound Option or to modify a Compound Option election, you must complete the *Service Retirement Application Change Request* form and the *Compound Option Election* form.

These forms are available at CalSTRS.com/forms or by calling us.

Note: CalSTRS must receive all requests for changes or cancellations no later than 30 days from the date CalSTRS issues your first service retirement benefit. You must also include the signature of your spouse or registered domestic partner to validate your change or cancellation. If you are married or registered as a domestic partner and your spouse or partner did not sign, please complete a *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

QUESTIONS?

Email your questions using your *myCalSTRS* account or at CalSTRS.com/contactus, or call 800-228-5453.

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OTHER INFORMATION

Federal and State Tax Withholding

Federal and California state statutes require income tax withholding on distributions from pensions, annuities and deferred compensation plans. Therefore, CalSTRS must withhold income tax on the gross amount of each monthly payment unless you have filed an election not to have withholding apply. You must make your election on the *Income Tax Withholding Preference Certificate* form. If you do not submit this form, CalSTRS must automatically withhold income tax from your monthly benefit amount in accordance with the standard withholding table of a married individual with three allowances. Withholding will be applied to the gross (prior to any deductions) amount of each monthly service retirement benefit. If your home address is outside California, CalSTRS will not withhold California state tax unless you request CalSTRS to withhold.

If you do not want withholding, you must return the form with the “Do not withhold” boxes marked.

CAUTION: 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 your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withholding from your benefit payment.

Insurance Premium Deductions

Please note that insurance premiums are deducted one month in advance of coverage. You must make all changes to your insurance coverage with your insurance company. Changes in premium rates are originated by your insurance company, automatically applied to your account, and will change the amount of your monthly benefit. CalSTRS *will not* notify you in advance regarding premium changes made by your insurance company.

Birth Date Verification Requirements

If you elect any of the available options (100% Beneficiary Option, 75% Beneficiary Option, 50% Beneficiary Option or Compound Option), your beneficiary's birth date must be verified unless he or she is a CalSTRS member. A copy of the original or certified copy of a marriage certificate is required if your beneficiary's present name is not the same as that shown on the birth certificate. Acceptable documents include a copy of the original or certified copy of the birth certificate (recorded at least seven years prior to application for

CalSTRS benefits). If the required document cannot be obtained, forward the notice you receive from the official recordkeeper showing there is no record available. We will help you secure other acceptable documentation.

Working After Retirement

If you return to work in a CalSTRS-covered position, including one for a third-party employer on behalf of a California public school, you cannot earn any pay without affecting your retirement benefit if you return to work before the 180 calendar day separation-from-service requirement. If you earn more than the zero-dollar earnings limit, your monthly benefit will be reduced by the excess amount up to the benefit amount payable during the 180 calendar days.

If you return to work in the California public school system after the 180 calendar day separation-from-service requirement, you will need to keep track of your gross earnings (your income before taxes are deducted) so that you do not exceed the annual earnings limit. If you earn more than the limit, your monthly retirement benefit will be reduced by the excess amount (less any reduction due to the zero-dollar earnings limit), up to the amount of your total annual benefit.

Each July 1, the earnings limit is adjusted to reflect specified increases. CalSTRS notifies employers, members and benefit recipients of each year's earnings limitation. Contact your employer to determine if your employment may qualify for exemption from the earnings limitation.

Reinstatement After Service Retirement

You may voluntarily terminate your service retirement and reinstate to membership any time after your effective date of retirement by submitting a *Reinstatement After Retirement* form. CalSTRS recommends you contact a CalSTRS benefits specialist before you reinstate to discuss the impact this decision may have on your future retirement benefits. You are unable to elect, change or cancel an option until one year has elapsed from your reinstatement date.

For additional information about reinstatement, see the CalSTRS *Member Handbook* at CalSTRS.com/publications

Disability Allowance To Service Retirement Application

(SR 0234, rev. 9/15)

CALSTRS

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

For CalSTRS' Official Use Only

Section 1: Member Information

MEMBER NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER	
MEMBER MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP CODE	
HOME TELEPHONE		ALTERNATE TELEPHONE	
DATE OF BIRTH (MM/DD/YYYY)		RETIREMENT DATE (MM/DD/YYYY)	
		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

Section 2: Your Defined Benefit Election

I have read the instructions that describe the elections available, and I elect one of the following: **PLACE AN "X" IN ONLY ONE BOX**

MEMBER-ONLY BENEFIT 100% BENEFICIARY OPTION 75% BENEFICIARY OPTION 50% BENEFICIARY OPTION COMPOUND OPTION*

* If you are electing the Compound Option, you must also complete the *Compound Option Election* form.

My beneficiary for this Disability Allowance to Service Retirement Application under 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option is listed below. If I elect the Compound Option, my beneficiaries are listed on the *Compound Option Election* form.

BENEFICIARY NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER	
BENEFICIARY MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP CODE	
HOME TELEPHONE		ALTERNATE TELEPHONE	
DATE OF BIRTH (MM/DD/YYYY)**		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MEMBER OF CALSTRS: <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP: <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	

(**Attach verification of your option beneficiary's birth date. Acceptable documents include a photocopy of a birth record, passport ID and certain military IDs.)



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Section 3: Other Public Retirement Systems


Place an "X" in the appropriate box. Mark all that apply and indicate your service retirement date with the other system.

CalPERS SFERS LRS UCRS 1937 ACT COUNTY _____
COUNTY NAME

RETIREMENT DATE (MM/DD/YYYY)

Section 4: 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, signed and attached 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.

Member's Signature

I certify that I have read the attached instructions and information packet, and I am applying for service retirement. I fully understand that if my service retirement is approved by CalSTRS and verified by my employer, I will be officially retired as of the retirement date I have requested when CalSTRS receives my properly completed, signed and dated application.

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 _____

DATE (MM/DD/YYYY) _____



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE _____

DATE (MM/DD/YYYY) _____