

Nonmember Spouse Account Holder Recipient Designation Form-Information Contributions & Interest or Residual Payment

To be valid, this form must be received and accepted by CalSTRS before your death.

NONMEMBER SPOUSE ACCOUNT HOLDERS

This form is only for spouses, former spouses, registered domestic partners, or former registered domestic partners of members of CalSTRS who were awarded a separate account by court order. This includes Defined Benefit, Defined Benefit Supplement and/or Cash Balance account(s).

Use this form to designate recipients to receive the accumulated contributions and interest or residual amount in your account that may be payable in the event of your death.

If your death occurs before retirement, your recipients may be eligible to receive the contributions and interest in your Nonmember Spouse account as a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the residual amount in your account or any accrued monthly benefit.

IMPORTANT FACTS

- This form remains in effect until either you submit another valid *Nonmember Spouse Recipient Designation* form (NM 2031), or your Nonmember Spouse account with CalSTRS is terminated by a refund of your account funds. *It is important to keep this form current.*

- If your designated primary recipients predecease you, any benefit due will be paid to your secondary recipients, unless you submit a valid *Nonmember Spouse Recipient Designation* form (NM 2031) designating new recipients. If we are unable to locate your designated recipients, the payment will be distributed to the best of our ability according to the laws in existence at the time of your death.
- If you do not have a valid *Nonmember Spouse Recipient Designation* form (NM 2031) on file with CalSTRS before your death or if all your designated recipients predecease you, any payment due will be paid to your estate.
- You may change your recipient designations at any time – before or after – retirement. There is no fee or financial penalty for changing your designation.

QUESTIONS

E-mail us at CalSTRS.com/contactus or call 800-228-5453.

This form is available at CalSTRS.com (select *Forms and Publications*).

Return your completed form to:

CalSTRS
P.O. Box 15275, MS 03
Sacramento, CA 95851-0275

Nonmember Spouse Account Holder Recipient Designation Form-Instructions

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

SECTION 1: MEMBER INFORMATION

Enter the member's full name and Client ID or Social Security number for account verification purposes.

SECTION 2: NONMEMBER SPOUSE ACCOUNT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and e-mail address. You may refer to CalSTRS correspondence to locate the Client ID number.

SECTIONS 3 AND 4: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or public entity as your recipient.

- **Persons** – Provide full name, address, telephone number, Social Security number, birth date and relationship.
- **Organization** – To designate an organization, check the box and enter the name and address of the organization and the organization's tax identification number. Include organization contact information whenever possible.

- **Trust** – To designate a trust, check the box and enter the full name of the trust, the trustee name, the trustee's address, and the date the trust was created. CalSTRS will contact the trustee and pay the benefits to the trust. You do not need to provide the trust document at this time.
- **Estate** – To designate your estate, check the box and enter "My Estate" for the recipient's name. Upon your death, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code section 13101.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as a *primary* or *secondary*.

You may designate a percentage for each recipient. If you use percentages, the total must equal 100% for the primary recipient section and/or secondary recipient section.

SECTION 5: REQUIRED SIGNATURE

You must sign and date your form.

Return your signed form to:

CalSTRS
P.O. Box 15275, MS 03
Sacramento, CA 95851-0275

Nonmember Spouse Account Holder Recipient Designation Form



For Former Spouse or Former Registered Domestic Partner
NM 2031 (New 02/2012)

California State Teachers' Retirement System
P.O. Box 15275, MS03
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

This form is for designating recipients to receive the accumulated contributions and interest or residual payable from your Nonmember Spouse Defined Benefit, Defined Benefit Supplement and/or Cash Balance account(s) in the event of your death.

Please print clearly in dark ink or type all information requested and initial any corrections when completing this form.

This form is only applicable to the spouse, former spouse or former registered domestic partner who has been awarded a separate account under the segregation method of division.

I hereby revoke any previous designations and designate the following primary recipients to receive equal amounts, unless otherwise specified, of any benefits payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, I designate the secondary recipients to share equally, unless otherwise specified, any benefits payable under the law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Section 1: Member Information (for account verification)

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

Section 2: Nonmember Spouse Account Holder 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



NM2031

Nonmember Spouse Account Holder Recipient Designation Form

continued

For Former Spouse or Former Registered Domestic Partner



Section 3: Primary Recipients

Use this area to designate one or more primary recipients. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS

()
TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: _____
 Male Female

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER

Organization – Contact Name: _____
 Trust
 Estate

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS

()
TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: _____
 Male Female

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER

Organization – Contact Name: _____
 Trust
 Estate

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS

()
TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: _____
 Male Female

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER

Organization – Contact Name: _____
 Trust
 Estate

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Nonmember Spouse Account Holder Recipient Designation Form

continued

For Former Spouse or Former Registered Domestic Partner



Section 4: Secondary Recipients

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS () TELEPHONE

CITY STATE ZIP CODE

- Person – Relationship: _____
 Male Female SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER
- Organization – Contact Name: _____ DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)
- Trust
- Estate PERCENTAGE
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS () TELEPHONE

CITY STATE ZIP CODE

- Person – Relationship: _____
 Male Female SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER
- Organization – Contact Name: _____ DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)
- Trust
- Estate PERCENTAGE
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

Check this box if additional recipients are listed on an attachment. Identify each as primary or secondary.

Nonmember Spouse Account Holder Recipient Designation Form

continued

For Former Spouse or Former Registered Domestic Partner



Section 5: Required Signature

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).



NONMEMBER SPOUSE ACCOUNT HOLDER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

If this form is not completely filled out, it will not be accepted and will be returned to you. Your current recipient status will not be updated. Review your form carefully before submitting:

- Did you designate at least one primary recipient and provide all the requested information?
- If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust information at this time.
- If you designated percentages, do they equal 100 percent for your primary recipients and/or secondary recipients?
- Did you sign and date the form?