

This application is for Defined Benefit Program members who are retiring from service. With your signature on page 13 of this application, you certify that you have read the application instructions and the booklet, *Your Retirement Guide*, and are applying for service retirement. **NOTE:** You must initial and date all corrections on your application. If you are married or in a registered domestic partnership, your spouse or partner must also initial and date all corrections.

If you are applying for a disability benefit, complete the *Disability Benefits Application*—you may be eligible to receive a service retirement benefit while your application for disability benefits is being evaluated. If you are a Cash Balance Benefit Program participant, complete the appropriate Cash Balance Benefit application, available at [CalSTRS.com/forms](https://www.calstrs.com/forms).

You may be able to complete and submit your application online using *myCalSTRS* for faster processing. Step-by-step guidance is provided to ensure you complete your application correctly. Get hands-on assistance with your application by registering for a demonstration webinar at [CalSTRS.com/service-retirement-application-demonstration-webinar](https://www.calstrs.com/service-retirement-application-demonstration-webinar).

The following information supplements the instructions on the *Service Retirement Application*.

SECTION 1: MEMBER INFORMATION

Include your mailing and email addresses, and telephone number 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. 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*.

SECTION 2: RETIREMENT INFORMATION

Retirement Date: You will be officially retired as of the retirement date you put on your application, subject to the following conditions:

1. The earliest date you can submit your application is six months before your retirement date.
2. Your retirement date must be on or after January 1, 2012. **Effective January 1, 2026, your retirement date can be no earlier than 270 calendar days from when CalSTRS receives your application.**
3. The earliest date you can retire is the day after your last day of work, vacation or compensated approved leave, whichever is later.
4. Your retirement date must be at least one day after your most recent reinstatement if you previously received a service retirement benefit.
5. If you are purchasing service credit, your retirement date cannot be earlier than the date you complete payment of your service credit purchase.

NOTE: If your retirement date is not the first day of the month, your first benefit payment will be prorated for that month.

Last Date of Work, Vacation or Compensated

Approved Leave: Enter the last day of work, vacation or compensated approved leave for which you were paid. This date must be before your retirement date.

We will work with your last employer(s) to verify your last date of employment and any unused sick leave. This process will not delay your initial benefit. If we receive

updated employer reporting that affects your monthly benefit, your payments will be adjusted accordingly, and we will send you a letter notifying you of the adjustments.

Mid-Year Retirement: The process of averaging for mid-year retirees often results in a final compensation that is lower than expected. See the *Your Retirement Guide* booklet at [CalSTRS.com/publications](https://www.calstrs.com/publications) to learn more.

Reduced Benefit Election: If electing the Reduced Benefit Election, check the appropriate box.

You must be at least age 55, but under age 60, and have at least five years of service credit to apply for retirement under this program. 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.

Other Public Retirement Systems: See the *Your Retirement Guide* booklet and the *Concurrent Retirement* fact sheet at [CalSTRS.com/publications](https://www.calstrs.com/publications).

SECTION 3: YOUR DEFINED BENEFIT ELECTION

Section 3.1: Defined Benefit Election

Elect the Member-Only Benefit or the Modified Benefit.

If you are re-retiring within 12 months of your most recent reinstatement date, you must keep the same benefit election. If you previously elected the Member-Only Benefit, you must keep the Member-Only Benefit; if you previously elected the Modified Benefit, you must

keep the Modified Benefit and the same option and beneficiary. If you re-retire after 12 months of reinstating, you may change or cancel your election before or at retirement, but CalSTRS will apply a lifetime assessment to your retirement benefit. The assessment may reduce your retirement benefit for life. Once you have retired, you may only make a postretirement option change under very limited circumstances. See the *Member Handbook* at CalSTRS.com/publications to learn more.

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. 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*.

Section 3.2: 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
- 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*.

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

Beneficiary Information

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 option or compound option you elect on your retirement application becomes effective on your retirement date. To provide for someone or a special needs trust if you should die before retirement, see the *Member Handbook* for information on the Preretirement Election of an Option.

If you are electing an option due to a divorce or termination of a domestic partnership, contact the Community Property Section of the CalSTRS Office of General Counsel at 916-414-1725

Include birth date verification if your beneficiary isn't a CalSTRS member. Acceptable birthdate verification documents include a photocopy of a birth certificate, state-issued ID, U.S. passport ID page or certain U.S. military IDs.

NOTE: These conditions apply to all option beneficiary elections. If you wish to elect an option for the benefit of a special needs trust, you must include the *Certification of a Special Needs Trust* form (SR1854), available at CalSTRS.com/forms, with this application.

Your option beneficiary election is different from your one-time death benefit recipient. To designate a

recipient to receive the death benefits payable in the event of your death, complete the *Recipient Designation* form.

Section 3.3: Defined Benefit Tax Withholding Preferences

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](https://www.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.

SECTION 4: YOUR DEFINED BENEFIT SUPPLEMENT ELECTION

Section 4.1: Defined Benefit Supplement Election

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a Defined Benefit Supplement account.

Your Defined Benefit Supplement account balance is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more on your benefit effective date, you can choose to receive these funds as a lump-sum payment, an annuity payment or a combination of a lump-sum and annuity payment. If your account balance is less than \$3,500, you must take a lump-sum payment, which may be paid directly to you or rolled over to a qualified plan such as Pension2, if the balance is at least \$200. See the *Your Retirement Guide* booklet for more information.

You have three payment choices for your Defined Benefit Supplement account. Choose option 1, 2 or 3 in section 4.1. 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 payment instructions in section 4.2 and complete section 4.3 for your tax withholding preferences.

Section 4.2: Defined Benefit Supplement Payment Instructions

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

Complete this section if you choose a lump-sum payment or period-certain annuity of three to nine years for your Defined Benefit Supplement funds. If you choose an annuity payment other than a period-certain annuity of three to nine years, you do not need to complete this section.

If you would like your payment to be paid directly to you, check the *Direct Payment* box. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefit.

Federal law allows lump-sum payments or period-certain annuity payments of three to nine years to be rolled over into a qualified plan. If you would like to roll over your payment to a financial institution, check the *Rollover* box.

Be sure to read *Tax Considerations for Rollovers*, available at CalSTRS.com/publications.

Rollover of Tax-Deferred or After-Tax Contributions and Interest

The amount of tax-deferred or after-tax contributions and interest in your Defined Benefit Supplement account is shown on your *Retirement Progress Report*. Your account balance must be \$200 or more to qualify for a rollover to a financial institution. Enter the dollar amount or percentage (from 1% to 100%) that you would like to roll over.

For example: If you are going to receive a rollover-eligible distribution of \$4,000 and you choose to roll over 75% of the distribution to a qualified IRA or an eligible plan, CalSTRS will distribute \$3,000 directly to the plan you specify. The remaining 25% balance of \$1,000 paid directly to you is subject to 20% federal income tax withholding. You will receive only \$800 because \$200 is withheld for federal tax (or less, if you are a California resident and choose to not opt out of state tax withholding).

Section 4.2.1: Rollovers to Pension2

CalSTRS Pension2® Rollovers: If you select 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. For more information or to enroll right now, visit Pension2.com or call toll free 888-394-2060.

Section 4.2.2: 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 a qualified 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 will be delayed. We are not able to process direct trustee-to-trustee transfers to financial institutions outside the U.S.

Section 4.3: Defined Benefit Supplement Tax Withholding Preferences

Direct Payment Lump Sum and Period-Certain Annuities 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.

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 based 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](https://www.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.

SECTION 5: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *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.

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

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

If your spouse or registered domestic partner does not sign your application, you must include a signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, available at [CalSTRS.com/forms](https://www.calstrs.com/forms), with your application.

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. If your court documents have not been reviewed by CalSTRS, you may be asked to provide them. This can delay the processing of your application.

In addition, if you provide inaccurate information regarding your marital status, your application may be void.

SUBMITTING YOUR APPLICATION

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

myCalSTRS

Complete and submit your application online using myCalSTRS for faster processing.

Hand Delivery

Hand deliver your application 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

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

QUESTIONS

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

RETIREMENT CHANGE REQUESTS

If you have already submitted your *Service Retirement Application* and want to make a change or cancel your retirement, CalSTRS must receive the *Service Retirement Application Change Request* form no later than 30 days from the date your first benefit payment is issued. This form is available at CalSTRS.com/forms or by calling us. Use the form to change or cancel your retirement date, option, option beneficiary, Reduced Benefit Election or Defined Benefit Supplement election, or to make other changes.

NAME OR ADDRESS CHANGE

Notify us immediately if you change your name or mailing address. Update your contact information using your myCalSTRS account or the *Address Change Request* form, available at CalSTRS.com/forms or by calling us.

WORKING AFTER RETIREMENT

If you return to work after service retirement and perform retired member activities in the California public school system as an employee, an independent contractor or an employee of a third party, you're subject to restrictions under state and federal law, including a separation-from-service requirement and a postretirement earnings limit. For more information, see the *Working After Retirement* fact sheet at CalSTRS.com/publications.

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Service Retirement Application

SR0059 REV 05/25

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]

With my signature on page 13, I certify that I have read the instructions and the booklet, *Your Retirement Guide*, and I am applying for service retirement.

Section 1: Member Information

Provide either your Client ID or Social Security number.

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 Information

Retirement date (MM-DD-YYYY) This date must be at least one day after your last date of work.

Your first benefit payment will be calculated from this date through the end of the month in which you retire.

Last date of work, vacation or compensated approved leave (MM-DD-YYYY)

This date must be before your retirement date.

☐ **Reduced Benefit Election** I am electing retirement under the Reduced Benefit Election. I understand my monthly benefit will be reduced for a period of time. I have read the instructions and understand the requirements to retire under this program.



SR0059



Client ID OR SSN: _____

Section 2: Retirement Information Continued

Other Public Retirement Systems: If you are a member of 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, you may be able to use the other system's final compensation for service that does not overlap. Mark all that apply.

I am a member of the following California public retirement systems:

☐ CalPERS ☐ SFERS ☐ LRS ☐ UCRP ☐ 1937ACT COUNTY – County Name _____

Section 3: Your Defined Benefit Election

Section 3.1: Defined Benefit Election

I have read the instructions that describe the **Defined Benefit** options available, and I elect a (choose only one):

- ☐ Member-Only Benefit. (Skip to section 3.3.)
- ☐ Modified Benefit. If you check this box, choose one below:

Modified Benefit

☐ **I previously submitted the *Preretirement Election of an Option form* or the *Preretirement Compound Option Election form*.** To confirm your original election, indicate the option you elected and your beneficiary:

100%, 75%, 50% or Compound: _____.

Full name of your option beneficiary or beneficiaries: _____.

OR

☐ **I am electing an option at retirement.** (Your option beneficiary/beneficiaries must be a living person or persons, or a special needs trust, and cannot be another type of trust, estate, charity or other entity. This option is not the one-time death benefit.) Choose one and complete the Beneficiary Information section below:

- ☐ 100% Beneficiary Option ☐ 75% Beneficiary Option ☐ 50% Beneficiary Option **OR**
- ☐ Compound Option (Skip to section 3.2.)

Option Beneficiary Information at Retirement

If you are electing a beneficiary option at retirement, provide all the information requested for each option beneficiary, including birth date verification. 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* form, available at CalSTRS.com/forms, and submit it with your *Service Retirement Application*.

☐ **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)
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EMAIL ADDRESS	PHONE NUMBER
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Member of CalSTRS: ☐ Yes ☐ No **Gender:** ☐ Male ☐ Female ☐ Nonbinary

Section 3.1: Defined Benefit Election Continued

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 ☐ U.S. passport ID page ☐ Other

Section 3.2: 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 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 ☐ U.S. passport ID page ☐ Other

Section 3.2: 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 ☐ U.S. passport ID page ☐ 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 ☐ U.S. passport ID page ☐ Other

Section 3.3: Defined Benefit Tax Withholding Preferences

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.

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 monthly benefit payment.

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

CALIFORNIA STATE INCOME TAX WITHHOLDING	FEDERAL INCOME TAX WITHHOLDING
<input type="checkbox"/> Do not withhold California State income tax.	<input type="checkbox"/> Do not withhold Federal income tax.

Section 4: Your Defined Benefit Supplement Election

Section 4.1: Defined Benefit Supplement Election

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a Defined Benefit Supplement account with CalSTRS. If your Defined Benefit Supplement account balance is:

- **Under \$3,500**, you must take a lump-sum payment. Mark the lump-sum payment box below.
- **\$3,500 or more**, you have choices about how to receive these funds.

Defined Benefit Supplement Choices

You have **three payment choices** for your Defined Benefit Supplement account.

Choose only one*:

- ☐ **Lump-Sum Payment** You have three choices. **Choose one:**
 - ☐ Check paid directly to you. (Skip to section 4.2 and select Direct Payment.)
 - ☐ Rollover to CalSTRS Pension2®. (Skip to section 4.2, select Rollover, then go to section 4.2.1.)
 - ☐ Rollover to another qualified plan with a financial institution. (Skip to section 4.2, select Rollover, then go to section 4.2.2.)
- ☐ **Annuity Payment** You have two choices. **Choose one:**
 - ☐ **Period-Certain Monthly Annuity of 3 to 10 years**
Number of years chosen: _____ years **Then choose one:**
 - ☐ Check paid to you directly. (Skip to section 4.2 and select Direct Payment.)
 - ☐ Rollover to CalSTRS Pension2. (Skip to section 4.2, select Rollover, then go to section 4.2.1.)
 - ☐ Rollover to another qualified plan with a financial institution. (Skip to section 4.2, select Rollover, then go to section 4.2.2.)

OR

Section 4.1: Defined Benefit Supplement Election Continued

☐ **Lifetime Monthly Annuity**

If you elected the **Member-Only Benefit** on page 2, you have one choice:

☐ Member-Only Annuity

If you elected the **Modified Benefit** on page 2, you have three choices. **Choose one:**

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

***The Period-Certain Annuity of 10 Years and the Lifetime Monthly Annuity are not eligible for a rollover. See section 4.3 for tax withholding preferences.**

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 directly to you (Skip to section 4.2 and select Direct Payment.)
- ☐ Rollover to CalSTRS Pension2. (Skip to section 4.2, select Rollover, then go to section 4.2.1.)
- ☐ Rollover to another qualified plan with a financial institution. (Skip to section 4.2, select Rollover, then go to section 4.2.2.)

Annuity (Choose one):

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

Number of years you've chosen: _____ years. **Then choose one:**

- ☐ Check paid to you directly. (Skip to section 4.2 and select Direct Payment.)
- ☐ Rollover to CalSTRS Pension2. (Skip to section 4.2, select Rollover, then go to section 4.2.1.)
- ☐ Rollover to another qualified plan with a financial institution. (Skip to section 4.2, select Rollover, then go to section 4.2.2.)

OR

☐ **Lifetime Monthly Annuity**

If you elected the **Member-Only Benefit** on page 2, you have one choice:

☐ Member-Only Annuity

If you elected the **Modified Benefit** on page 2, you have three choices. **Choose one:**

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

Section 4.2: Defined Benefit Supplement Payment Instructions

I have read *Tax Considerations for Rollovers*, 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 4.3.) **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 4.2.1: 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.

Complete the information below and check all boxes that apply:

- ☐ 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 4.3** 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 4.2.2: 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 institution. Only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. Complete Section 4.3: 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 multiple financial institutions and/or multiple accounts, make a copy of this page for **each financial institution** and/or 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:

- ☐ Amount to transfer: \$_____ **OR**
- ☐ Percentage to transfer (1%–100%): _____ %

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)

MAKE CHECK PAYABLE TO (FULL NAME OF FINANCIAL INSTITUTION) _____

ACCOUNT NUMBER _____

Section 4.3: Defined Benefit Supplement Tax Withholding Preferences

When completing this section, remember there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated taxes by having enough state and federal tax withheld from your benefit payment. California does not tax benefits of nonresidents. If you don't live in California but think you may be liable for California state income tax, you may request us to withhold state income tax.

Direct Payment Lump Sum and Period-Certain Annuities of 3 to 9 Years

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](https://www.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

Lifetime Monthly Annuity and 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.

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 *myCalSTRS* account or the *Income Tax Withholding Preference Certificate* form, available at [CalSTRS.com/forms](https://www.calstrs.com/forms).

CALIFORNIA STATE INCOME TAX WITHHOLDING	FEDERAL INCOME TAX WITHHOLDING
<input type="checkbox"/> Do not withhold California State income tax.	<input type="checkbox"/> Do not withhold Federal income tax.

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 Instructions* and the booklet, *Your Retirement Guide*, and I am applying for service retirement. I fully understand that if my properly completed, signed and dated retirement application is approved by CalSTRS and verified by my employer, I will be officially retired as of my requested retirement date.

I waive my right to the 30-day notice period for a Defined Benefit Supplement distribution direct payment or rollover (section 4.2).

I understand the 180-calendar day separation-from-service requirement, the annual earnings limit and the consequences of both, if I return to work after retirement and perform retired member activities.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any 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). It may also result in any document containing such false representation being voided.

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).

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

Electronic signatures are only accepted with online submissions through *myCalSTRS* 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)	