

Cash Balance Benefit Program Beneficiary Designation Form Packet Information

(CB 534n, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 51
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

BENEFICIARY DESIGNATION

This packet provides the forms necessary for the designation of beneficiaries to receive a benefit in the event of the death of a Cash Balance Benefit Program participant. In the event the participants are receiving an annuity at the time of their death, the benefit payable is determined based on the annuity chosen by the participant.

IMPORTANT

- If an eligible beneficiary's (other than an entity) share of the deceased participant's account balance is at least \$3,500, he or she may elect to receive an annuity in lieu of a lump-sum payment.
- You must sign your Beneficiary Designation form (CB 534) before it can be processed. If you are married or registered as a domestic partner, the form must also be signed by your spouse or registered domestic partner or a Justification for Non-Signature of Spouse or Registered Domestic Partner form (CB 535) must be completed and returned with this packet.
- The designation of the beneficiary remains in effect until either a new Beneficiary Designation form is filed or your participation in the CalSTRS CB Benefit Program is terminated by a refund of your account.
- If a valid Beneficiary Designation form is not on file with CalSTRS before your death or if all designated beneficiaries predecease you, any benefit due will be paid to your estate.
- The Beneficiary Designation form must be received by CalSTRS headquarters in Sacramento before your death to be valid and is effective the date the completed form is received by CalSTRS.
- If you are also a member of the CalSTRS Defined Benefit Program, you may be eligible for additional benefits. If you think you may be eligible for additional benefits, contact CalSTRS at 800-228-5453 or 916-229-3541 for TTY.

Cash Balance Beneficiary Designation Instructions

(CB 534n, Rev. 7/07)

- I. Press firmly and print clearly with dark ink or type all information requested. Do not use light colors of ink, pencil, felt pen or erasable ink.
- II. If you make a mistake on the Beneficiary Designation form, line through the error and initial.
- III. Enter your Social Security number or Client ID Number, full name, date of birth, telephone number, complete mailing address and e-mail address.
- IV. You may name as your beneficiary any person, your estate or trust.
 - Enter on the form the full names of your beneficiaries, their relationships to you, Social Security numbers, birthdays, and the complete mailing address for each. Designate each as primary or contingent beneficiary by checking the appropriate box. *Please Note Definition of Contingent: In the event the primary beneficiary(ies) predecease(s) you and a death certificate is provided, the contingent beneficiary(ies) will receive any benefits payable.*
 - If you wish to designate your estate as beneficiary, enter the phrase “My Estate.” If your estate is designated as beneficiary and your estate is not being probated, CalSTRS will pay benefits pursuant to Probate Code Section 13101.
 - If you would like to designate a trust as beneficiary, mark the box on the Beneficiary Designation form, complete the Trust as Named Beneficiary form (CB 536) attached in this packet and return it with the Beneficiary Designation form.
 - If this form does not provide enough space, you may attach additional sheets of paper. Please provide the information for each beneficiary as required on the form and indicate whether the beneficiaries you are designating are “primary” or “contingent” beneficiaries and sign the form. Check the box on the Beneficiary Designation form indicating additional beneficiaries are identified on an attachment.
- V. Sign the Beneficiary Designation form with your usual signature. By signing the Beneficiary Designation form you are confirming your designation of the named beneficiaries, as well as giving CalSTRS authorization to release information as necessary to pay the benefits due.
- VI. Your spouse or registered domestic partner must sign the form to acknowledge the names of the beneficiaries you are designating. If you are not married or registered as a domestic partner, check the box “I am not married or registered as a domestic partner.” If you are married or registered as a domestic partner and your spouse/partner has not signed the form, check the second box and complete the Justification for Non-Signature of Spouse or Registered Domestic Partner form (CB 535) attached in this packet.
- VII. Mail the completed forms, Beneficiary Designation (CB 534), Trust as Named Beneficiary (CB 536) and Justification for Non-Signature of Spouse or Registered Domestic Partner (CB 535), to CalSTRS, P.O. Box 15275, M.S. 51, Sacramento, CA 95851-0275. Please keep a photocopy for your records.
- VIII. If you have any questions on how to complete the Beneficiary Designation (CB 534) or any other CB Benefit Program forms, contact CalSTRS at: 800-228-5453 or 916-229-3541 for TTY.

INDIVIDUAL PRIVACY AND ACCESS TO RECORDS

The California State Teachers' Retirement System is authorized to maintain beneficiary designations submitted by a participant. Designation of a beneficiary is voluntary. Failure to designate a beneficiary will result in a participant's account balance being paid to a participant's estate.

You have the right to review the file CalSTRS maintains for you upon request and submission of proper identification.

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Cash Balance Benefit Program

How to Report a Death to CalSTRS

(CB 472a, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 51
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

CalSTRS should be notified as soon as possible when a Cash Balance Benefit Program participant dies. This can be done by either writing to CalSTRS, P.O. Box 15275, M.S. 51, Sacramento, CA 95851-0275 or by calling 800-228-5453 or 916-229-3541 for TTY.

When notifying CalSTRS of a death, please provide the following information:

- Deceased person's name and Social Security number or Client ID Number
- Date of death
- Status of the participant on the date of death, i.e., retired and receiving a CB Benefit Program annuity, disabled, a participant in active teaching status, or a participant who is no longer teaching
- Name and address of contact person to whom the CalSTRS CB Benefit Program beneficiary application is to be sent.

A beneficiary application will be sent to the contact person within five days of the date CalSTRS receives the notification of death. The application may be completed by anyone with current information on the designated beneficiaries or the participant's estate.

REQUIREMENTS FOR PAYMENT

A lump-sum payment will be paid to the beneficiaries as listed on the most current Cash Balance Beneficiary Designation form (CB 534) on file on the date of death. If there is no valid Beneficiary Designation form on file, the benefits will be paid to the participant's estate (California Education Code Section 27101).

The following is required to pay the benefit:

- A certified death certificate of the deceased participant and any deceased beneficiaries.
- A Cash Balance Benefit Program Beneficiary Application Death Benefit (CB 472), which identifies the name, Social Security number, and complete mailing address of the designated beneficiaries.
- If a trust was designated, the trust's name, the successor trustee's name and address and trust's identification number.

Benefits will be paid to the estate of the deceased participant for these reasons: if all beneficiaries predeceased the participant, if there is no valid Cash Balance Beneficiary Designation form on file, or if the deceased's estate was designated as the beneficiary. If the estate will be probated, certified Letters Testamentary or Administration, as well as the executor's name and address and the estate's identification number are needed. If the estate will not be probated, CalSTRS will pay benefits pursuant to California Probate Code Section 13101. Beneficiaries eligible under the Probate Code will need to submit a declaration under Probate Code Section 13101 to apply for any benefits due.



CB472

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Cash Balance Benefit Program Trust as Named Beneficiary

(CB 536, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 51
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

If you wish to name a trust as beneficiary, you must clearly mark the appropriate box on the Beneficiary Designation form (CB 534) and also complete this form. A trust can be named as a primary beneficiary or a contingent beneficiary. A trust can also be designated to be a sole beneficiary or to share and share alike with co-beneficiaries. Please indicate in the appropriate boxes how you want your trust to be designated.

PARTICIPANT NAME		SOCIAL SECURITY NUMBER OR CLIENT ID	
TRUST NAME	SUCCESSOR TRUSTEE NAME	DATE OF TRUST	
ADDRESS	CITY	STATE	ZIP
I designate this trust to be:			
	<input type="checkbox"/>	Primary Beneficiary (share and share alike with beneficiaries listed on form CB 534)	
	or <input type="checkbox"/>	Contingent beneficiary	
	or <input type="checkbox"/>	Sole beneficiary (There should be no primary beneficiaries listed on CB 534.)	
IMPORTANT			
IF NO SPOUSAL OR DOMESTIC PARTNER SIGNATURE, ONE OF THE FOLLOWING BOXES MUST BE CHECKED:			
<input type="checkbox"/> I am not married or registered as a domestic partner (widowed, divorced, single, or have a certification of registered domestic partner termination)			
<input type="checkbox"/> I am married or registered as a domestic partner and have completed the attached Justification for Non-Signature of Spouse Or Registered Domestic Partner (CB 535)			
SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER		DATE	
SIGNATURE OF PARTICIPANT		DATE	

Send the completed Trust As Named Beneficiary to: CalSTRS, P.O. Box 15275, M.S. 51, Sacramento, CA 95851-0275.
Retain a copy for your records.



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Cash Balance Justification for Non-Signature of Spouse or Registered Domestic Partner Instructions

(CB 535i, Rev. 7/07)

Use a typewriter or print legibly in black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible.

Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, obtain a new form or line through the error, make the appropriate correction and initial the correction.

Any errors or omissions on the Justification for Non-Signature of Spouse or Registered Domestic Partner (CB 535) will delay the processing of your distribution. Photocopied signatures will not be accepted.

Only one Justification for Non-Signature of Spouse or Registered Domestic Partner form is needed for a Cash Balance Benefit Program distribution.

Please retain copies for your records and return the completed form and associated application to:

CalSTRS
P.O. Box 15275, M.S. 60
Sacramento, CA 95851-0275
800-228-5453
TTY 916-229-3541

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Cash Balance Benefit Program Justification for Non-Signature of Spouse or Registered Domestic Partner

(CB 535, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 60
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

PLEASE READ INSTRUCTIONS ON THE PREVIOUS PAGE BEFORE COMPLETING THIS FORM

Pursuant to Education Code Section 26703, any request related to the selection of benefits by a participant in which a spouse or registered domestic partner interest may be present, such as a distribution of benefits, shall contain the signature of the participant's spouse or registered domestic partner unless a specified condition exists.

If the CalSTRS Cash Balance Benefit Program participant is married or registered as a domestic partner and a spouse or registered domestic partner signature does not appear on the application for distribution of benefits, the following section must be completed, signed by the participant, and submitted with the application.

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER
Supporting Document			
<input type="checkbox"/> Beneficiary Designation (CB 534)			<input type="checkbox"/> Retirement Benefit Application (CB 586)
<input type="checkbox"/> Application for Termination Benefit (CB 585)			<input type="checkbox"/> Disability Benefit Application (CB 587)
<input type="checkbox"/> Distribution Election Form (CB 475)			<input type="checkbox"/> Income Tax Withholding Preference (CB 584)
Declaration			
<input type="checkbox"/> I am married or registered as a domestic partner, but my spouse or registered domestic partner did not sign the application because either:			
<input type="checkbox"/> I do not know, and have taken all reasonable steps to determine the whereabouts of my spouse/partner; OR,			
<input type="checkbox"/> My spouse/partner has been advised of the application and has refused to sign the acknowledgment. I have initiated a court action to either enforce the spousal or registered domestic partner signature requirement or to waive the spousal or registered domestic partner signature requirement. CalSTRS must have a copy of the court order on file before any benefits can be paid. Please submit a certified copy of the court order as soon as you receive it. (See Education Code Section 26704); OR,			
<input type="checkbox"/> My spouse/partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition (a doctor's statement certifying the condition is attached); OR,			
<input type="checkbox"/> My spouse/partner has no identifiable community property interest in my benefits (documents supporting this statement are attached); OR,			
<input type="checkbox"/> My spouse/partner and I have executed a marriage or registered domestic partner settlement agreement, which makes the community property law inapplicable to the marriage or registered domestic partner. (Certified copy of the agreement must be received by CalSTRS before any benefits can be paid.)			
I certify under penalty of perjury under the laws of the State of California that the information submitted herein is complete and true according to the best of my knowledge and no material facts have been concealed or omitted. I understand that perjury is punishable by imprisonment in the state prison for up to four years; Penal Code Section 126.			
PARTICIPANT'S SIGNATURE			DATE (MO/DAY/YR)



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Cash Balance Benefit Program Employee Notification and Election

(CB 533, Rev. 7/07)

NOTIFICATION & ELECTION

CASH BALANCE BENEFIT PROGRAM

This document must be properly completed and returned to your employer within the election period defined by your employer. Your employer must keep a copy of this document on file and mail the original to CalSTRS.

EMPLOYEE INFORMATION

(Please Print)

NAME

SOCIAL SECURITY NUMBER OR CLIENT ID

HOME TELEPHONE NUMBER

ADDRESS

CITY

STATE ZIP

SCHOOL DISTRICT NAME

INSTRUCTIONS

The following instructions are to assist you in completing this document.

- Please type or print legibly in blue or black ink. Do not use pencil, felt pen or erasable ink.
- If you make a mistake, line through the error and initial.
- Sign the notification form with your usual signature.
- In order for your election to be processed, this form must be submitted to your district office on or before the date specified by your employer.
- If your employer offers Social Security or an alternative retirement plan and you do not elect to continue coverage in one of these plans, you will automatically become a participant of the Cash Balance Benefit Program.

GENERAL INFORMATION

Contact CalSTRS Cash Balance Benefit Program:

TELEPHONE
800-228-5453
TTY 916-229-3541
Monday through Friday
7:00 a.m. to 6:00 p.m.

WEB SITE
www.CalSTRS.com



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Cash Balance Benefit Program Employee Notification and Election

(CB 533, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 17
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

ELIGIBILITY OVERVIEW

The Cash Balance Benefit Program is optional to school districts, community college districts or county offices of education as an alternative retirement plan for part-time employees. Employers must first elect to provide the CB Benefit Program by formal board action.

If an employer elects to provide the CB Benefit Program, it must be available to all employees who are hired to perform creditable service by a: 1) school district or county office of education, on an hourly or daily basis, and/or employed or contracted for less than 50 percent for each full-time position; or 2) community college district, on a part time or temporary basis (semester to semester), or for not more than 60 percent of the hours per week considered a regular full-time assignment; or 3) governing body of an employer, as a trustee member.

It is the basis of employment that determines employee eligibility to participate in the CB Benefit Program, not the actual number of hours or days worked, or the aggregation of contracted positions.

Your employer will provide you with materials along with this form describing both the CalSTRS CB Benefit Program and the CalSTRS Defined Benefit Program.

If you are a current member of the CalSTRS Defined Benefit Program, you will have a 60-day election period, determined by your employer, in which to notify your district office of your election choice. Refer to Section 1 of this document for your election rights.

If you are an employee new to CalSTRS, or an employee contributing to Social Security or another retirement plan offered by your employer, except for the CalSTRS Defined Benefit Program. Refer to Section 2 of this document for your election rights.

Once you have read the material provided, if you have any questions concerning your eligibility for this election, please contact your employer.

SECTION 1

FOR EMPLOYEES CURRENTLY MEMBERS OF THE CalSTRS DEFINED BENEFIT PROGRAM

As a current CalSTRS DB Program member, you are eligible to participate in the CB Benefit Program if you are employed to perform creditable service by a:

- 1) school district or county office of education on an hourly or daily basis, or contracted for less than 50 percent for each full-time position, or;
- 2) community college district on a part-time or temporary basis (semester to semester), or for not more than 60 percent of the hours per week considered a regular full-time assignment, or;
- 3) governing body of an employer as a trustee member.

Note: You will retain your DB Program membership with this employer unless you elect the CalSTRS CB Benefit Program using this document, within the election period identified by your employer.

ELECTION CHOICE

- I am currently a member of the CalSTRS Defined Benefit Program and hereby elect to participate in the CalSTRS Cash Balance Benefit Program for service performed with this employer only.
- I am currently a member of the CalSTRS Defined Benefit Program and hereby waive my right to participate in the CalSTRS Cash Balance Benefit program with this employer only.



CB533

Cash Balance Employee Notification and Election Continued

(CB 533, Rev. 3/07)

SECTION 2

FOR EMPLOYEES NEW TO CalSTRS OR CURRENTLY CONTRIBUTING TO SOCIAL SECURITY AND/OR ANOTHER ALTERNATIVE RETIREMENT PLAN (NOT CURRENT DB PROGRAM MEMBERS)

You automatically become a participant of the CalSTRS Cash Balance Benefit Program with this employer, unless your employer chooses to offer Social Security and/or another retirement plan in addition to the CB Benefit Program. You may elect alternative retirement plan coverage in place of the CalSTRS CB Benefit Program.

Note: If you do not return this form to your employer with an election choice selected, you will default into the CB Benefit Program regardless of your current coverage. The election period is your only opportunity to choose an alternative other than the CB Benefit Program. Once the election period expires, if you become a CB Benefit Program participant you will not be allowed to change to other alternative coverage. However, if you choose an alternative coverage, you may elect Cash Balance Benefit Program at any time. If your employer subsequently offers Social Security, you may opt out of the CB Benefit Program into Social Security at that time.

ELECTION CHOICE

- I elect Cash Balance Benefit Program coverage, and understand contributions will be deducted from the first payroll period following the election period determined by my employer.
- My employer offers and I elect Social Security coverage.
- My employer offers and I elect the alternative retirement plan coverage indicated below.

NAME OF PLAN OFFERED BY EMPLOYER

If your employer offers an alternative retirement plan, your employer is required to notify you of your right to elect such alternative plans pursuant to Education Code Section 26300.

CERTIFICATION

This document must be properly completed and returned to your district office within the election period defined by your employer.

I, _____
have read and understand the information describing the Cash Balance Benefit Program and made the election indicated on previous pages, if applicable. If I have elected the Cash Balance Benefit Program, then I hereby certify I understand that while working for this employer in an eligible position, I will remain in the CB Benefit Program unless my employer elects to discontinue the CB Benefit Program, or I terminate all employment covered by the CB Program. I further understand that I may elect at any time to become a member of the CalSTRS Defined Benefit Program. I have received information on both of these CalSTRS Programs.

EMPLOYEE SIGNATURE

DATE

The employer's signature on this document certifies that the employee has been provided with a CalSTRS Cash Balance Benefit Program election package, as well as the CalSTRS Member Handbook.

SIGNATURE OF AUTHORIZED
EMPLOYER REPRESENTATIVE

DATE



Cash Balance Rollover Request Instructions

(CB 261i, Rev. 3/07)

PART A

The CB Benefit Program participant must complete Part A of the CB Rollover Request (CB 261).

If funds will be rolled over from more than one qualified retirement plan, a Rollover Request must be completed for the distribution from each plan. Under federal law, CalSTRS can accept rollovers from 401(a) and 401(k) plans and “Conduit” Individual Retirement Arrangements (Conduit IRAs).

Note: A Conduit IRA is an IRA that holds only assets that are attributable to a distribution that was rolled-over from a qualified retirement plan.

A rollover must comply with applicable state and federal laws, and related regulations. CalSTRS suggests you contact the Internal Revenue Service and an accountant (or another qualified tax consultant) for advice before submitting a CB Rollover Request.

PART B

The administrator, or other trustee, of the qualified retirement plan that will issue the distribution to be rolled over must complete Part B of the CB Rollover Request. Information identifying the plan administrator or other trustee should be indicated on your statement of account from the plan.

GENERAL INFORMATION

A properly executed CB Rollover Request must be received by CalSTRS before the rollover distribution can be accepted.

To ensure compliance with federal regulations, CalSTRS must receive the rollover distribution from the other qualified retirement plan within 90 days of the date you request a rollover.

In order to provide adequate time to meet the legal requirements for crediting a rollover distribution to your account after it is received by CalSTRS, rollover distributions will not be accepted annually during the period between December 15 of one year and January 2 of the following year.

Return the completed CB Rollover Request with original signatures (photocopied and facsimile signatures cannot be accepted for rollovers) to:

CalSTRS
P.O. Box 15275, M.S. 11
Sacramento, CA 95851-0275

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Cash Balance Benefit Program Rollover Request

(CB 261, Rev. 7/07)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, M.S. 11
Sacramento, CA 95851-0275
800-228-5453; TTY 916-229-3541
www.CalSTRS.com

IMPORTANT – PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PART A TO BE COMPLETED BY CASH BALANCE PARTICIPANT:

I hereby request the California State Teachers' Retirement System to accept a distribution of funds from another qualified retirement plan for rollover to my Cash Balance Benefit Program employee account. I certify the information provided below is correct.

I understand CalSTRS will rely on the information provided on this rollover request to determine whether or not the distribution will be accepted. I also understand that failure to provide accurate information to CalSTRS may result in significant tax penalties under provisions of the Internal Revenue Code if a distribution accepted by CalSTRS is later determined not to be eligible for rollover.

Note: CalSTRS must receive your rollover distribution within 90 days of the date you sign this rollover request.

_____	_____
CB PARTICIPANT NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER OR CLIENT ID
_____	_____
STREET ADDRESS OR P.O. BOX	TELEPHONE NUMBER (WITH AREA CODE)
_____	_____
CITY, STATE, & ZIP CODE	EMPLOYER (COUNTY & DISTRICT)
_____	_____
CB PARTICIPANT SIGNATURE	DATE

PART B TO BE COMPLETED BY PLAN ADMINISTRATOR OR OTHER TRUSTEE WITH FIDUCIARY RESPONSIBILITY FOR THE PLAN IDENTIFIED BELOW:

I certify that this plan is a qualified retirement plan within the meaning of the Internal Revenue Code and the distribution to be issued from this plan for rollover to the CalSTRS CB Benefit Program, a 401(a) plan, is eligible for such rollover.

_____	<input type="checkbox"/> CONDUIT IRA <input type="checkbox"/> 401(A) <input type="checkbox"/> 401(K) <input type="checkbox"/> 403(B) <input type="checkbox"/> 457
NAME OF CURRENT PLAN	TYPE OF PLAN (CHECK ONE)
_____	_____
PLAN REPRESENTATIVE (PRINT NAME)	TELEPHONE NUMBER (WITH AREA CODE)
_____	_____
REPRESENTATIVE TITLE	PLAN ADDRESS
_____	_____
REPRESENTATIVE SIGNATURE	DATE



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