



DS1426

DISABILITY DBS APPLICATION

DS1426 (Rev. 01/07)

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

FOR USE JANUARY 1, 2007 AND AFTER

Note: Please fill out this application only if you performed creditable service after January 1, 2001.

Section A: Member Information				
NAME	(last)	(first)	(initial)	SOCIAL SECURITY NUMBER
ADDRESS	(number)	(street)	(apt #)	BIRTHDATE (mo/day/yr)
	(city)	(state)	(zip code)	/ /
TELEPHONE NUMBER(s)				
Home: ()		Work: ()		

Section B: Disability DBS Benefit Choices

I have read the attached information describing the DBS benefit choices available, and I elect **ONE** of the following:

**COVERAGE A and
COVERAGE B (NO OPTION ELECTED)**

- 1. Lump-sum payment
- 2. *Member-Only Annuity (formerly known as Single life annuity with a cash refund) feature
- 3. Period Certain Annuity: Number of years (circle one) 3 4 5 6 7 8 9 10
- 4. Combination of lump-sum payment and annuity from annuity choices listed below:

\$_____ lump-sum amount. (If your DBS account balance less the lump sum amount is greater than or equal to \$3,500, you can choose one of the following annuities.)

and (select one)

- * Member-Only Annuity (formerly know as Single Life Annuity With a Cash Refund) feature
- Period Certain Annuity: Number of years (circle one) 3 4 5 6 7 8 9 10

COVERAGE B (OPTION ELECTED)

- 5. Lump-sum payment
- 6. *100% Beneficiary Annuity (formerly known as 100% Joint and Survivor Annuity)
- 7. *75% Beneficiary Annuity
- 8. *50% Beneficiary Annuity (formerly known as 50% Joint and Survivor Annuity)
- 9. Period Certain Annuity: Number of years (circle one) 3 4 5 6 7 8 9 10

Choices continued on page 2

10. Combination of lump-sum payment and annuity from annuity choices listed below:

\$ _____ lump-sum amount. (If your DBS account balance less the lump sum amount is greater than or equal to \$3,500, you can choose one of the following annuities.)

and (select one)

- *100% Beneficiary Annuity (formerly known as 100% Joint and Survivor Annuity)
- *75% Beneficiary Annuity
- *50% Beneficiary Annuity (formerly known as 50% Joint and Survivor Annuity)
- Period Certain Annuity: Number of years (circle one) 3 4 5 6 7 8 9 10

* The name of this annuity reflects changed in the Define Benefit Supplemental Program annuities as of January 1, 2007.

Section C: DBS Payment Distribution Instructions

Monthly Annuity Payment Distribution and Tax Withholding

- I wish to have my DBS monthly benefit payment(s) transferred directly to a financial institution, and I have completed the enclosed *Direct Deposit Authorization* form.
- I wish to have my DBS monthly benefit payment(s) mailed directly to the address listed in Section A.

Indicate how you would like income tax withheld from your CalSTRS benefit payment. Unless you indicate otherwise, the law requires income tax be withheld from payments based on rates for a married person claiming three withholding exemptions.

CALIFORNIA STATE INCOME TAX WITHHOLDING

FEDERAL INCOME TAX WITHHOLDING

- Do not withhold California **state** income tax from my **monthly** benefit payment.
OR
- Calculate my monthly withholding from the California **state** tables using the marital status **AND** the number of exemptions shown. Check one of the following:
 - Single ____ (Enter 0 or number of exemptions)
 - Married ____ (Enter 0 or number of exemptions)
 - Head of Household ____ (Enter 0 or number of exemptions)
Also, withhold \$ _____ in addition to the amount to be withheld based on the state tax tables as indicated above.
(Enter a dollar amount, not a percentage.)

- Do not withhold **federal** income tax from my **monthly** benefit payment.
OR
- Calculate my monthly withholding from the **federal** tables using the marital status **AND** number of exemptions shown. Check one of the following:
 - Single ____ (Enter 0 or number of exemptions)
 - Married ____ (Enter 0 or number of exemptions)
Also, withhold \$ _____ in addition to the amount to be withheld based on the federal tax tables as indicated above.
(Enter a dollar amount, not a percentage.)

Lump-Sum Distribution

I have read the *Tax Information for Certain Payments* included with this application packet and have received the 30-day notification. The 30-day notification period has either been met or I have waived the notification period and hereby apply for a lump-sum distribution.

I have selected **ONE** of the following two distribution choices for my lump-sum payment from CalSTRS.

1. I elect to have my **DBS lump-sum distribution mailed directly to me** at the address listed in Section A.

I understand that 20 percent federal income tax will be withheld from the taxable portion of this distribution as indicated in the box checked below. I understand that 6 percent California state income tax will be withheld unless I check the **No** box below to have no California state income tax will be withheld.

Federal Income Tax **YES** CA State Income Tax **YES** **NO**

2. I elect a rollover of contributions and interest and have completed either section A or B below.

A. Rollover of Pre-Tax Contributions or Period Certain Annuity of 3 - 9 Years

I elect a direct trustee-to-trustee transfer of contributions and interest to the qualified trust plan listed below. Any amount not designated for transfer will be mailed to me.

TRADITIONAL IRA ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ _____ **OR** Percentage to Transfer (Indicate 1-100%) _____%

Financial Institution Information (to be filled out by Institution Representative):	

Account Number	

Name of the Financial Institution	

Institution Mailing Address	

<i>Signature of Institution Representative</i> _____	_____ / ____ / ____ Date (mo/day/yr)

I understand that the balance I receive directly is subject to 20 percent federal income tax withholding and 6 percent California state income tax withholding unless I check the **No** box below to have no California state income tax withheld. I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred.

Direct Receipt By Member
 Federal Income Tax **YES**
 CA State Income Tax **YES** **NO**

Transferred to IRA or Other Qualified Plan
 Federal Income Tax **NO**
 CA State Income Tax **NO**

SSN: _ _ _ - _ _ - _ _ _

B. Rollover of Post-Tax Contributions

I elect a direct trustee-to-trustee transfer of contributions and interest to the qualified trust plan listed below. Any amount not designated for transfer will be mailed to me.

- TRADITIONAL IRA
- ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ _____ **OR** Percentage to Transfer (Indicate 1-100%) _____ %

Financial Institution Information (to be filled out by Institution Representative):	
Account Number	
Name of the Financial Institution	
Institution Mailing Address	
I understand that this is a direct transfer of post-tax contributions and this institution agrees to accept this transfer.	
<i>Signature of Institution Representative</i> _____	_____ / ____ / ____ Date (mo/day/yr)

I understand that federal and state income tax will not be withheld from any portion of the post-tax distribution.

Section D: Signatures

If no spouse's or partner's signature is below, please check the appropriate box.

- I am not married or registered as a domestic partner (partner).
- I have completed a *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

 SPOUSE/PARTNER SIGNATURE _____/_____/_____
DATE (mo/day/yr)

I certify under penalty of perjury under the laws of the state of California that the information submitted here is full, complete, and true according to the best of my knowledge, that no material facts have been omitted, and that the spousal/partner signature is in fact the true signature of my spouse/partner; or if no spouse/partner signature appears, that I have completed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form or I am not married or registered and have checked the box above. I understand that perjury is punishable by imprisonment in the state prison for up to four years; Penal Code Section 126.

 APPLICANT'S SIGNATURE _____/_____/_____
DATE (mo/day/yr)

Mail this completed form to CalSTRS, P.O. Box 15275, MS#43, Sacramento, CA 95851. Please retain a copy for your records.