

## DBS Distribution Election

RF 1503 (Rev. 01/2005)

Use this form to inform CalSTRS how you want to receive your Defined Benefit Supplement payment.

Fill out your DBS Election form in black ink and keep a copy for your records. If the information is not correct and legible, a delay may occur, your check could be late or sent to the wrong address, or your application could be returned for correction. Do not erase or use white-out; erasures are not acceptable and will void your application. If you make a mistake, either use a new form or line through the error, make your correction and initial the correction.

### Section A: Member Information

Name (last) (first) (initial) Social Security Number

Mailing Address (number) (street) (apt. #)

(city) (state) (zip code)

( ) Telephone Number (daytime)

#### Distribution Information Specific to Former Registered Domestic Partners:

Former registered domestic partners who have an account created as a result of segregation of community interest are not eligible to rollover a lump sum payment. This is because rollover rules are based on federal law and federal law does not recognize registered domestic partnerships. If this applies to your account you must select DBS Direct Payment to Members as your distribution choice. Please contact CalSTRS to obtain a copy of the booklet *Tax Considerations for Rollovers (MS 1357)* for additional information regarding rollover and federal income tax requirements.

### Section B: Distribution Choices

1.  DBS Direct Payment to Members

I elect to have my DBS refund distribution mailed directly to me at the address listed above.

I understand that 20 percent federal income tax will be withheld from the taxable portion of this distribution and that 6 percent California state income tax will be withheld unless I specify NO state income tax is to be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES. No taxes will be withheld from "post-tax" contributions.

Federal Income Tax  YES

CA State Income Tax  YES  NO

**Rollover of DBS Benefit**

2.  DBS -- Rollover of All or Part of Distribution

Rollover of DBS Pre-Tax Contributions and *all* Interest

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

TRADITIONAL IRA  ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ \_\_\_\_\_ **OR** Percentage to Transfer (Indicate 1-100 percent) \_\_\_\_\_ percent

<b>Financial Institution Information (to be filled out by Institution Representative):</b>	
Account Number	
Name of the Financial Institution	
Institution Mailing Address	
_____ <i>Signature of Institution Representative</i>	_____ / ____ / ____ <b>Date (MM/DD/YYYY)</b>

I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred. I understand that the balance I receive directly is subject to 20 percent federal withholding and, unless I specify NO state income tax is to be withheld, 6 percent California state income tax will be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES.

<p style="text-align: center;"><b><u>Direct Receipt By Member</u></b></p> <p>Federal Income Tax    <input checked="" type="checkbox"/> YES</p> <p>CA State Income Tax   <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p style="text-align: center;"><b><u>Transferred to IRA or Eligible Employer Plan</u></b></p> <p>Federal Income Tax    <input checked="" type="checkbox"/> NO</p> <p>CA State Income Tax    <input checked="" type="checkbox"/> NO</p>
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Rollover of DBS Post-Tax Contributions

I elect a direct trustee-to-trustee transfer of DBS post-tax contributions to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

TRADITIONAL IRA  ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ \_\_\_\_\_ **OR** Percentage to Transfer (Indicate 1-100 percent) \_\_\_\_\_ percent

<b>Financial Institution Information (to be filled out by Institution Representative):</b>	
Account Number	
Name of the Financial Institution	
Institution Mailing Address	
_____ <i>Signature of Institution Representative</i>	_____ / ____ / ____ <b>Date (MM/DD/YYYY)</b>

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


**Section C Signatures**

If no spouse or registered domestic partner signature is below, please check the appropriate box:

- I am not married or registered as a domestic partner.
- I am married or a registered domestic partner, but my spouse or partner did not sign. I have completed the enclosed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

 \_\_\_\_\_ /      /  
SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER      DATE (MM/DD/YYYY)

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

 \_\_\_\_\_ /      /  
APPLICANT'S SIGNATURE      DATE (MM/DD/YYYY)

**Retain a copy for your records.**