

Service Retirement Application Instructions

This application is for Defined Benefit members who are retiring. If you think you may be eligible for a disability benefit, complete the application for disability benefits. If you are applying for a disability benefit, 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.

For more information, please contact us at 800-228-5453.

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

SECTION A — MEMBER INFORMATION

Include your work and home telephone numbers and your e-mail address so we can contact you if we have any questions. Be sure the name on your application matches your name as it appears on your Social Security card. If you know it, include your Client ID number instead of your Social Security number. You can find your Client ID on your *Retirement Progress Report*.

SECTION B — 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 application must be received by CalSTRS no later than the last day of the month you retire.
3. The earliest date you can retire is the day after your last day of work, vacation or authorized leave of absence, whichever is later.

For example, if your last day of work is June 13, you can retire on June 14, even though you will receive a pay check for the month of June. Your application must be received by CalSTRS by June 30 for a retirement date in June.

4. If you are retiring after reinstating to active service from retirement, you cannot have a retirement date less than one calendar year from the date you reinstated.

Final Compensation: If you have 25 or more years of credited service, your highest average earnable compensation for one school year will be used as your final compensation. Up to two-tenths of one year of unused sick leave can count toward your 25 years of service credit.

If you have fewer than 25 years of service credit, your final compensation is based on your highest average earnable compensation during any period of three consecutive school years.

Exception: If your salary was reduced due to a decrease in school funds, CalSTRS can use any three nonconsecutive school years to determine your final compensation. You must provide certification from your employer.

Exception: If you have fewer than 25 years of service credit and are an eligible classroom teacher, your highest average earnable compensation for one school year will be used as your final compensation if your employer has formally negotiated to participate in the one-year final compensation program. Contact your employer to learn more.

We will search the most recent 15 years of salary information to find the highest applicable period of creditable earnings. If your highest final compensation period occurred more than 15 years ago, you must specify the time period on your *Service Retirement Application*.

Mid-Year Retirement: If you retire before the school year is over, state law requires CalSTRS to use the current school year and the last school year to calculate your final year's earnings, unless you have higher compensation in an earlier period.

For example, if you earned \$57,000 last year and would have earned \$60,000 this year, here is how to determine your final compensation for a January 1 retirement date:

$57,000 \div 12 = \$4,750$	$\times 6$ months =	\$28,500
$60,000 \div 12 = \$5,000$	$\times 6$ months =	\$30,000
		<hr/>
		\$58,500
	$\$58,500 \div 12 =$	\$ 4,875

Your final compensation for your last year would be \$4,875.

The process of averaging for mid-year retirees often results in a final compensation that is lower than expected, especially for those who have 25 or more years of service since final compensation is based on fewer months.

Taking on additional assignments at a lower pay rate may lower your final compensation further if you choose a mid-year retirement. This is because your annual compensation is prorated to your retirement date and is an average of the various pay rates you receive during that period.

Service Retirement Application Instructions continued

Reduced Workload Program: If you are working under the Reduced Workload Program and retire before the end of the school year, your reduced workload contract will be terminated. This could result in lower service credit and final compensation, which would lower your retirement benefit.

We recommend that you talk to one of our benefits counselors before taking a mid-year retirement or retiring before your reduced workload contract is completed.

Other Public Retirement Systems: Please see Step 1 of *Your Retirement Guide* for more information.

Reduced Benefit Election (Early Retirement Limited Term Reduction Program): If you are at least age 55, but under age 60, and have at least five years of credited service, you can apply for retirement under this special program. You will receive one-half of the monthly benefit amount 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 normal service retirement benefit.

Exception: If you are applying for service retirement and disability benefits at the same time, you are not eligible to participate in this program.

Before applying for the Early Retirement Limited Term Reduction Program, we recommend you talk to a CalSTRS benefits counselor to make sure you fully understand the program and how it could affect your retirement benefits.

SECTION C — DEFINED BENEFIT ELECTION

Check one box only to indicate if you are electing the Member-Only Benefit or the Modified Benefit.

Member-Only Benefit

The Member-Only Benefit does not provide a monthly lifetime benefit to anyone when you die after retirement. It is the highest monthly benefit you can receive in retirement.

Modified Benefit

Complete this entire section only if you are electing an option beneficiary or if you completed the *Pre-Retirement Election of an Option* form to provide a monthly benefit to your option beneficiary if you should die before you retire.

You will find descriptions of the options in Step 1 of *Your Retirement Guide* and in the *Member Handbook*. For an estimate of how each option would affect your monthly retirement benefit, make an appointment to talk to a CalSTRS benefits counselor, use the *Retirement Benefit Calculator* at www.CalSTRS.com/calculators or use the worksheets in the *Member Handbook*.

The option and option beneficiaries you elect on your application are not effective until your retirement date. To provide for someone if you should die before retirement, see Step 1 of *Your Retirement Guide* for information on the preretirement election of an option.

Beneficiary Information

Enter your beneficiary information if you elect an option other than the Compound Option. If you elect the Compound Option, do not enter beneficiary information here. You will need to complete the *Compound Option Election* form instead and include it with your *Service Retirement Application*.

SECTIONS D AND H — TAX WITHHOLDING PREFERENCES

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise on this form. If you do not complete this section of the form, we will withhold income tax from your monthly payments in accordance with the established rate for a married individual claiming three withholding exemptions. If you do not want state tax withholding applied, you must check the *Do Not Withhold* box.

Federal law allows lump-sum payments or period-certain annuity payments lasting fewer than 10 years to be rolled over into a qualified plan. If you choose to have payments paid directly to you, we are required to withhold 20 percent for federal taxes. Your state tax will be automatically withheld at the required rate of 6 percent or you can defer payment of your state tax until you file your tax return by checking the *Do Not Withhold* box.

For more information, please see our brochure, *Tax Consideration for Rollovers*, available at www.CalSTRS.com (select *Forms and Publications* under *Tools*).

Your tax withholding preference will remain in effect until you change or cancel it. You can change or cancel your preference any time by using the new tax withholding feature on *myCalSTRS*. Or complete the *Income Tax Withholding Preference Certificate* form, available at www.CalSTRS.com or by calling 800-228-5453, and send it to us.

Keep in mind that there may be penalties for not paying enough taxes on your benefits during the year, either through withholding or estimated tax payments.

If you are a U.S. citizen and you do not want federal income tax withheld from your benefit payment, you must give us a home address in the U.S. or U.S. territories. CalSTRS must withhold for federal tax if you provide a U.S. address for a nominee, trustee or agent to whom the benefits are to be delivered and you do not provide your own home address in the U.S. or U.S. territories.

Service Retirement Application Instructions continued

Addresses outside California: Federal law prohibits California from taxing pension benefits paid to recipients who live outside the state. Therefore, if you reside outside California, we will not withhold state income tax from your benefit. However, if you feel you may still be liable for California state income tax, you may use the *Income Tax Withholding Preference Certificate* form to request us to withhold California income tax from your payment. We cannot withhold income tax for other states.

Addresses outside the U.S.: Federal law requires federal income tax be withheld from any payment that is delivered outside the U.S. or U.S. territories to U.S. citizens or non-U.S. resident aliens, as well as payments made to U.S. resident aliens.

Withholding Choices: The number of state withholding exemptions you claim may be different from the number of exemptions you claim for federal withholding.

U.S. citizens who have payments delivered outside the U.S. or its territories and U.S. resident aliens may elect any withholding status (married, single or head of household) and zero or more withholding exemptions.

Non-U.S. resident aliens may use either the federal tax tables with single and one withholding exemption or the flat rate of 30 percent or lower treaty rate payments, if applicable. For more information, see IRS publication 519, *U.S. Tax Guide for Aliens*, available online at www.irs.gov/publications/p519/index.html or by calling 800-829-3676.

For more information on tax liability, please see IRS publication 575, *Pension and Annuity Income*, and the California Franchise Tax Board publication 1005, *Pension and Annuity Guidelines*, or contact a qualified tax professional for advice.

SECTION E — PARTIAL LUMP SUM FOR DEFINED BENEFIT PAYMENTS

Complete section E only if you are taking a partial lump sum. Partial lump-sum payments are explained on Step 1 of *Your Retirement Guide*.

You may choose to enter a specific dollar amount that is less than the maximum amount allowable or choose the maximum amount allowable as a partial lump-sum payment.

To get an estimate of the maximum partial lump sum available to you or to determine how choosing a different partial lump-sum amount would affect your retirement benefit, use the *Retirement Benefit Calculator* or read the related frequently asked questions (select *FAQ*, then *Partial Lump Sum*) at www.CalSTRS.com or call 800-228-5453.

Financial Institution Information

When providing information on your financial institution, do not attach transfer documents. The financial institution address you provide is where CalSTRS will mail your payment. We are not able to process a direct trustee-to-trustee transfer to a financial institution that is outside the U.S.

SECTION F — DEFINED BENEFIT SUPPLEMENT ELECTION

The amount in your Defined Benefit Supplement (DBS) account is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you have choices about how to receive these funds. Step 1 of *Your Retirement Guide* explains the Defined Benefit Supplement choices available. Research and make your choice, then place an X in the appropriate box in section F of your application. If your account balance is less than \$3,500, you must take a lump-sum payment. Mark the Lump-Sum Payment box in section F.

If you choose to receive your funds as a lump-sum payment or period-certain annuity of three to nine years, enter your payment instructions in section G.

SECTION G — DEFINED BENEFIT SUPPLEMENT PAYMENT INSTRUCTIONS

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

Complete this section if you chose a lump sum or period-certain annuity of three to nine years in section F.

Federal law allows lump-sum payments or period-certain annuity payments of fewer than 10 years to be rolled over into a qualified plan.

If you chose an annuity payment other than a period-certain annuity of three to nine years, you do not need to complete section G. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefits.

If you would like your payment to be paid directly to you, check one of the boxes under number 1. If you would like to roll over your payment to a financial institution, check one of the boxes under number 2.

Rollover of Tax-Deferred Contributions and Interest

The amount of tax-deferred contributions and interest in your DBS account is shown on your *Retirement Progress Report*. Enter the dollar amount **or** percentage (from 1% to 100%) that you would like to roll over. For example, if you expect to receive \$4,000 and choose a 50 percent rollover, \$2,000 will be rolled over and \$2,000 will be paid directly to you.

Service Retirement Application Instructions continued

Financial Institution Information

When providing information on your financial institution, do not attach transfer documents. Also, do not list "IRA" as the name of your financial institution. CalSTRS will mail the payment to the financial institution address you provide. We are not able to process a direct trustee-to-trustee transfer to a financial institution outside the U.S.

SECTION I — REQUIRED SIGNATURES

Please 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.

If your spouse or registered domestic partner does not sign your application, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a domestic partnership while a member, we may request that you provide a judgment of dissolution or legal separation, or termination of domestic partnership.

SUBMITTING YOUR APPLICATION

Mailing Address

Mail your application to:
CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275

We recommend that you mail your application by certified mail, with proof of delivery.

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 Number

916-414-5040

Hand Delivery

You can hand-deliver your application to a local CalSTRS benefits counseling office. For a current listing, visit www.CalSTRS.com/counseling.

QUESTIONS?

If you have questions, call us toll free at 800-228-5453 or e-mail your questions to us using your *myCalSTRS* account or at www.CalSTRS.com (select *Contact Us*).

RETIREMENT CHANGE REQUESTS

If you have already submitted your *Service Retirement Application* and want to make a change, you must complete the *Retirement Application Change Request* form, available at www.CalSTRS.com or by calling 800-228-5453. This form lets you change your retirement date, option, option beneficiary, Defined Benefit Supplement choices, partial lump-sum choice or your participation in the Early Retirement Limited Term Reduction Program.

CalSTRS must receive this form by the last day of your retirement month. It must include the signature of your spouse or registered domestic partner, if applicable.

NAME OR ADDRESS CHANGE

Notify us immediately in writing of any change in your name or mailing address. You can update your mailing address online using *myCalSTRS*. Otherwise, complete the *Address Change Request* form, available online at www.CalSTRS.com (select *Forms and Publications*) or by calling 800-228-5453.

Remember to sign and date your *Service Retirement Application* and other forms.

Service Retirement Application

(SR 0059, rev. 6/09)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275
800-228-5453
www.CalSTRS.com

With my signature on the last page, I certify that I have read the attached instructions and the booklet, *Your Retirement Guide*, and I hereby apply for service retirement. I fully understand that if my retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date I have requested on this application, provided my application is received by CalSTRS no later than the last day of the month in which I request to retire.

Section A: Member Information

Name (Last, First, Initial)	Client ID* or Social Security Number	
Address (Street)	E-mail Address (Optional)	
City	State	Zip Code
	()	()
Date of Birth (MM/DD/YYYY)	Home Telephone	Work Telephone

Section B: Retirement Information

Retirement Date (MM/DD/YYYY)
(Read the Service Retirement Application Instructions if you are retiring mid-year or before your Reduced Workload Program contract ends.)

Last date of paid employment (MM/DD/YYYY). This date must be before your retirement date.

Final Compensation

If your highest earnable salary period was more than 15 years ago, enter the beginning date of that period:

MM/DD/YYYY

Other Public Retirement Systems

If you are a member of any of the following California public retirement systems, please place an X in the appropriate box below. Check all that apply. Indicate your retirement date with the other system.

CalPERS SFERS LRS UCRS 1937 ACT COUNTY—County Name _____

Retirement date from other system (MM/DD/YYYY) _____

Reduced Benefit Election (Early Retirement Limited Term Reduction Program)

By checking this box I elect to have my monthly retirement benefit amount reduced by 50 percent and acknowledge this election will be irrevocable after the last day in the month my retirement becomes effective. I understand that my benefit will be calculated as if I were age 60, that the reduced benefit will continue for the same number of months after my 60th birthday as it was in effect before my 60th birthday, and that after this period I will receive my full monthly retirement benefit.

* Your Client ID can be found on your *Retirement Progress Report*.



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Service Retirement Application continued

Name (Last, First, Initial) _____ Client ID or SSN _____

Section C: Defined Benefit Election

I have read the instructions that describe the Defined Benefit options available, and I elect:

- Member-Only Benefit (Go to section D.)
- Modified Benefit (If you check this box, choose an option below.)

Modified Benefit

I previously submitted the *Pre-Retirement Election of an Option* form.

Please indicate the option you elected _____ and the name of your option beneficiary _____ to confirm your original election. (If you would like to change or cancel your preretirement option, please complete a new *Pre-Retirement Election of an Option* form. Your form must be signed and dated before the effective date of your retirement. Go to section D.)

I am electing an option at retirement. I have read Step 1 of *Your Retirement Guide* that describes the Defined Benefit options available and I elect one of the following options at retirement (complete the beneficiary information below):

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option (If you check this box, complete the *Compound Option Election* form.)

My option beneficiary for this *Service Retirement Application* is listed below. (If you have chosen the Compound Option, complete the *Compound Option Election* form.)

Beneficiary Name (Last, First, Initial) _____ Social Security Number _____

Address (Street) _____ (Apt #) _____

City _____ State _____ Zip Code _____

() _____ () _____

Home Telephone _____ Work Telephone _____

Member of CalSTRS: Yes No Gender: Male Female

Relationship: Spouse Registered Domestic Partner Other

Date of Birth (MM/DD/YYYY) _____
(Please attach verification of your beneficiary's birth date. See examples in Step 1 of Your Retirement Guide.)

Section D: Tax Withholding Preferences

FOR DEFINED BENEFIT PAYMENTS

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions.

**CALIFORNIA STATE
INCOME TAX WITHHOLDING**

Do not withhold California state income tax from my monthly benefit payment.

OR

Calculate my monthly withholding from the **California** state tax 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)

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

Withhold only \$ _____ per month.
(Enter a dollar amount only. Do not enter a percentage.)

**FEDERAL INCOME
TAX WITHHOLDING**

Do not withhold federal income tax from my monthly benefit payment.

OR

Calculate my monthly withholding from the **federal** tax 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)

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

Withhold only \$ _____ per month.
(Enter a dollar amount only. Do not enter a percentage.)

Section E: Partial Lump Sum for Defined Benefit Payments

Complete **ONLY** if you are taking a partial lump sum of your **Defined Benefit** retirement.

I understand by making the choice to receive a partial lump-sum payment, my ongoing monthly benefit will be permanently reduced. I also understand that my decision to choose a partial lump sum cannot be changed after my retirement date.

The maximum partial lump sum will be calculated based on the information available to CalSTRS at the time you retire. If CalSTRS receives additional employment information after you retire, any payment adjustment will be included in your regular monthly retirement benefit.

Place your initials on the line next to your choice indicating you have chosen either a specific dollar amount that is less than the maximum amount allowable or you have chosen the maximum amount allowable as a partial lump-sum payment.

_____ I choose to receive the maximum partial lump-sum payment available to me.

_____ I choose to receive \$ _____ as a partial lump-sum payment. I understand that the amount I receive cannot exceed the maximum amount payable.

Section E continues on page 4



Service Retirement Application continued

Name (Last, First, Initial) _____ Client ID or SSN _____

Section E: Partial Lump Sum for Defined Benefit Payments continued

I have read the booklet, *Tax Considerations for Rollovers*, and received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a partial lump-sum payment.

I elect one of the following two distribution choices for my **Defined Benefit** partial lump-sum payment.

1. I choose to have my **Defined Benefit** partial lump-sum distribution paid to me.
 I understand that 20 percent federal income tax will be withheld from the tax-deferred portion of this distribution. An additional 6 percent will be withheld in California state income tax unless I specify that no state income tax is to be withheld.

Withhold California state income tax? (Mark one.) YES NO

Withhold federal income tax YES

2. I elect a rollover of my **Defined Benefit** partial lump-sum distribution to a qualified trust plan.

Rollover of Tax-Deferred Portion of the Partial Lump Sum. I elect to roll over the tax-deferred portion of the Defined Benefit partial lump-sum distribution to one of the plans listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Financial Institution Information (All information is required.)

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip Code () _____

Financial Institution Representative Signature _____ Telephone _____

Rollover of Taxed Portion of the Partial Lump Sum. I elect to roll over the taxed portion of the Defined Benefit partial lump-sum distribution to the qualified trust plan listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Financial Institution Information (All information is required.)

Account Number _____ Name of Financial Institution _____

Institution Mailing Address _____

City _____ State _____ Zip Code () _____

Financial Institution Representative Signature _____ Telephone _____

Section F: Defined Benefit Supplement Election

If you were making retirement contributions to CalSTRS on or after January 1, 2001, you have a **Defined Benefit Supplement** account with CalSTRS that has been accumulating contributions and interest. (See Step 1 of *Your Retirement Guide*.)

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. Please read the descriptions in Step 1 of *Your Retirement Guide* that explain the Defined Benefit Supplement choices.

Place an X in the appropriate box below.

Defined Benefit Supplement Lump-Sum Payment Choices

Lump-sum payments are eligible for rollover under federal law. If you choose to have the lump sum paid directly to you, it will be taxed at the mandated rate. Please read sections G and H carefully.

Lump-sum payment

- Check paid to me directly (Go to section G-1.)
- Rollover to a financial institution (Go to section G-2.)

Combination lump sum *and* annuity choice. Fill in the desired lump-sum amount and select an annuity below (at least \$3,500 must remain in your Defined Benefit Supplement account in order for CalSTRS to provide annuity payments). Once you select an annuity, go to section G for lump-sum tax choices and section H for annuity tax choices.

\$ _____ lump-sum amount *and* select one annuity below

Defined Benefit Supplement Annuity Choices

Period-Certain Monthly Annuity of 3 to 10 years

Under federal law, period-certain annuities of 3 to 9 years are taxed differently than period-certain annuities of 10 years. Since period-certain annuities of 3 to 9 years are eligible for rollover, you will be taxed at the required federal rate of 20 percent and you may be taxed at the California state rate of 6 percent if you choose to have the monthly check paid directly to you. Period-certain annuities of 10 years are taxed at the rate consistent with your tax withholding preferences. Please read sections G and H carefully.

Number of years (*circle one*) 3 4 5 6 7 8 9 10

Defined Benefit Supplement Lifetime Monthly Annuities

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. Please select one:

100% Beneficiary Annuity

75% Beneficiary Annuity

50% Beneficiary Annuity

Name (Last, First, Initial) _____ Client ID or SSN _____

Section G: Defined Benefit Supplement Payment Instructions

I have read the booklet, *Tax Considerations for Rollovers*, and received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a lump-sum distribution or period-certain annuity for my **Defined Benefit Supplement** payment.

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

1. I choose to have my **Defined Benefit Supplement** distribution paid directly to me. I understand that federal taxes will be withheld at the required rate of 20 percent. My state tax will be withheld at the rate of 6 percent or I can choose to defer my state tax withholding. (To defer state tax, go to section H, Direct Payment and mark the appropriate box.)

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

2. I choose to roll over all or part of my **Defined Benefit Supplement** distribution to a financial institution. *Any amount not designated for transfer will be mailed directly to me.* Complete the information below. (To defer state tax, go to section H, Direct Payment and mark the appropriate box.)

Rollover of Tax-Deferred Contributions and Interest. I elect to rollover my tax-deferred contributions and interest to one of the plans listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Amount to transfer \$ _____ **OR** Percentage to transfer _____ (please indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Name of Financial Institution	
Institution Mailing Address		
City	State	Zip Code ()
Financial Institution Representative Signature		Telephone

Rollover of Taxed Contributions and Interest (not applicable for most accounts). I elect to rollover my taxed contributions and interest to one of the plans listed below.

- Qualified IRA Qualified plan such as a 403(b), 401(k) or 457

Amount to transfer \$ _____ **OR** Percentage to transfer _____ (please indicate 1%–100%)

Financial Institution Information (All information below is required.)

Account Number	Name of Financial Institution	
Institution Mailing Address		
City	State	Zip Code ()
Financial Institution Representative Signature		Telephone



Service Retirement Application continued

Name (Last, First, Initial) _____ Client ID or SSN _____

Section H: Tax Withholding Preferences

FOR DEFINED BENEFIT SUPPLEMENT PAYMENTS

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

Federal law requires that CalSTRS withhold federal income tax at the rate of 20 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. CalSTRS will automatically withhold your federal tax from your check.

State law allows you to defer your state income tax payment. If you do not choose to defer your tax payment, CalSTRS must withhold California state tax at the rate of 6 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. Please place an X in the box below if you wish to defer your state income tax payments.

Do not withhold 6 percent California state tax

Lifetime Monthly Annuity and Period-Certain Annuities of 10 years

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions.

CALIFORNIA STATE INCOME TAX WITHHOLDING

- Do not withhold California state income tax from my monthly benefit payment.
- OR**
- Calculate my monthly withholding from the California state tax 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)

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

Withhold only \$ _____ per month.
(Enter a dollar amount only. Do not enter a percentage.)

FEDERAL INCOME TAX WITHHOLDING

- Do not withhold federal income tax from my monthly benefit payment.
- OR**
- Calculate my monthly withholding from the federal tax 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)

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ _____ per month.
(Enter a dollar amount. Do not enter a percentage.)

Withhold only \$ _____ per month.
(Enter a dollar amount only. Do not enter a percentage.)

Name (Last, First, Initial) _____ Client ID or SSN _____

Section I: Required Signatures

Please check all that apply.

- 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, signed and enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form and my signature is below.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died. My signature is below.
- I am or have been divorced or have terminated a registered domestic partnership. My signature is below.
Date of divorce or termination _____
(MM/DD/YYYY)

(See Instructions, Section I, Required Signatures.)


Member's 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

 _____
Member's Signature Date (MM/DD/YYYY)

Spouse's or Registered Domestic Partner's Signature

 _____
Spouse's or Registered Domestic Partner's Signature Date (MM/DD/YYYY)

Submitting Your Application

Mailing Address

Mail your application to:

CalSTRS
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275

We recommend that you mail your application by certified mail, with proof of delivery.

Hand Delivery

You can hand-deliver your application to a local CalSTRS benefits counseling office. For a current listing, go to www.CalSTRS.com/counseling.

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: 916-414-5040