

CANCELLATION OR CHANGE OF OPTION AFTER RETIREMENT

(Dissolution of Marriage/ Dissolution or Termination of Registered Domestic Partnership)

SR 0138 (Rev 07/2006)

FOR USE JANUARY 1, 2007 AND AFTER

Please read the instructions on the reverse side before completing this form.
 Print or type below the captions for each of the following sections.

I HEREBY APPLY FOR CANCELLATION OR CHANGE OF THE BENEFIT CHOICE I PREVIOUSLY ELECTED.				
NAME	(last)	(first)	(initial)	SSN OR CLIENT ID
ADDRESS	(number)	(street)	(apt #)	BIRTHDATE (MM/DD/YYYY)
	(city)	(state)	(zip code)	TELEPHONE NUMBER(S)

BENEFIT CHOICE I have read the instructions which describe the available Options, and I elect one of the following:

PLACE AN "X" IN ONLY ONE BOX

MEMBER-ONLY BENEFIT 100% BENEFICIARY OPTION 75% BENEFICIARY OPTION 50% BENEFICIARY OPTION COMPOUND OPTION*

* If you are electing Compound Option, you must also complete Form SR 0369.



BENEFICIARY INFORMATION MY BENEFICIARY FOR THIS CANCELLATION OR CHANGE OF OPTION AFTER RETIREMENT (Dissolution of Marriage/ Dissolution or Termination of Registered Domestic Partnership) APPLICATION UNDER 100% BENEFICIARY Option, 75% BENEFICIARY OPTION OR 50% BENEFICIARY OPTION WILL BE AS SPECIFIED BELOW, OR IF COMPOUND OPTION ELECTED, MY BENEFICIARIES ARE SPECIFIED ON FORM SR 0369.

NAME	(last)	(first)	(initial)	SOCIAL SECURITY NUMBER
ADDRESS	(number)	(street)	(apt #)	TELEPHONE NUMBER (s)
	(city)	(state)	(zip code)	(home) () (work) ()
BIRTHDATE (MM/DD/YYYY)	MEMBER OF CalSTRS?		RELATIONSHIP	SEX
/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER	<input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

I HAVE READ AND FULLY UNDERSTAND THE REVERSE SIDE. I FULLY UNDERSTAND THAT:

- I cannot change this option unless the above named beneficiary is my spouse or Registered Domestic Partner (partner) and a final decree for a dissolution of marriage, annulment, dissolution or termination of partnership, or action for separate maintenance has been entered; or one or more of my designated beneficiaries predeceases me.
- This change of option becomes effective the date it is received by the Teachers' Retirement Board, but not earlier than the effective date of the decree, judgment, dissolution, termination, or order.
- Court-Ordered Option Elections: A divorced member or member who is a party to a dissolution of domestic partnership that is required to elect a discontinued option (2, 3, 4, 5, 6 or 7) may do so if CalSTRS has previously received and approved a certified court order filed prior to January 1, 2007.

I am not married or registered as a domestic partner.
 I have completed a Justification for Non-Signature of Spouse or Registered Domestic Partner (MS 1125A).

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)
	/ /

CANCELLATION OR CHANGE OF OPTION AFTER RETIREMENT

(Dissolution of Marriage/ Dissolution or Termination of Registered Domestic Partnership)

ELIGIBILITY – A retiree who selected a beneficiary under Option 2, Option 3, Option 4, Option 5, 100% Beneficiary Option (formerly known as Option 6), 75% Beneficiary Option, 50% Beneficiary Option (formerly known as Option 7), Option 8 or Compound Option, may select a new option and/or beneficiary, if the previously selected option beneficiary is the retiree's former spouse or partner and a final decree of dissolution of marriage, dissolution or termination of partnership, or judgment of nullity has been entered or an order of separate maintenance has been made on or after January 1, 1978. The new choice must be consistent with the court order, and it must not require the system to incur any additional financial liability. If the retiree previously elected Option 6 or 7 then the original option must be maintained but the retiree may elect only a new beneficiary.

PROCEDURE FOR FILING – Prepare your application form in duplicate. Please complete using a typewriter or print with a black ink pen. Do not erase; erasures are unacceptable and will void your application. If you make a mistake, obtain a new form or line through the error, make your correction and initial the correction. This change of option becomes effective the date it is received by the Teachers' Retirement Board. The beneficiary change cannot be earlier than the effective date of the decree, judgment, dissolution, termination, or order, and shall include a certified copy of the final decree of dissolution, termination, or judgment of nullity, or an order of separate maintenance, and any property settlement agreement.

BENEFIT CHOICE – If you wish to receive a lifetime benefit without a continuing benefit to a beneficiary, check the Member-Only Benefit choice box and do not fill in the beneficiary information. If you choose either 100% Beneficiary Option, 75% Beneficiary Option, 50% Beneficiary Option or Compound Option, check the appropriate option and complete the beneficiary information.

- **MEMBER-ONLY BENEFIT**: Provides you with a lifetime monthly benefit. Upon your death, no continuing amount is payable to a beneficiary.
- **100% BENEFICIARY OPTION**: Provides you with a reduced monthly retirement benefit. Upon your death, the option beneficiary will continue to receive the same monthly benefit that you received. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- **75% BENEFICIARY OPTION**: Provides you with a reduced monthly retirement benefit. Upon your death, the option beneficiary will receive 75% of the amount that you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- **50% BENEFICIARY OPTION**: Provides you a reduced lifetime monthly retirement benefit with the reduction less than under 100% Beneficiary Option. Upon your death, your option beneficiary will receive one-half of the benefit you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- **COMPOUND OPTION**: Provides you with a reduced monthly retirement benefit with the reduction depending on the age(s) and option(s) selected for your option beneficiary(ies). You may name one or more option beneficiaries and keep a portion of your benefit as Member-Only, or you may name multiple beneficiaries to receive a monthly benefit. In either case, you must select from 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each beneficiary. You may retain a portion of your benefit as Member-Only and/or select a different benefit percent for each beneficiary. Upon your death, your option beneficiary(ies) will receive a benefit as provided by the formulas used to calculate survivors benefits under each option selected. If your option beneficiary predeceases you, your benefit will change as stated under those designated options.

BENEFICIARY INFORMATION – The beneficiary(ies) named on this form or on SR 0369 is for the option benefit only. A different beneficiary may be named for the lump-sum death payment. In addition, any balance of contributions and interest remaining after deducting all retirement benefits paid to you and your option beneficiary will go to your option beneficiary's estate. If your option beneficiary(ies) predeceases you and you do not have a new option beneficiary, any balance of contributions and interest remaining will go to your death benefit beneficiary.

If you wish to change the beneficiary for the lump-sum death payment, you must complete form MS 0002, Designation of Beneficiary.

BIRTHDATE VERIFICATION – If you select 100% Beneficiary Option, 75% Beneficiary Option, 50% Beneficiary Option or Compound Option, your option beneficiary(ies) birthdate must be verified before any benefit payment can be issued by the system. A certified copy of your beneficiary's birth certificate is required. If your option beneficiary's name is not the same as that shown on the birth certificate, a certified copy of the marriage certificate is required.

SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER – If you are not married or registered please check the "I am not married or registered as a domestic partner" box above the spouse or partner signature. If you are married or registered, have your spouse or partner sign and date the Cancellation or Change of Option after Retirement (Dissolution of Marriage/ Dissolution or Termination of Partnership) form. If you are married or registered and your spouse or partner does not sign the form, you must complete a "Justification for Non-Signature of Spouse or Registered Domestic Partner" (MS-1125A) and check the box above the spouse or partner signature. Failure to comply will affect your benefits.

APPLICANT'S SIGNATURE – Sign and date the Cancellation or Change of Option after Retirement (Dissolution of Marriage/ Dissolution or Termination of Partnership) form. Mail your completed form to: California State Teachers' Retirement System, P.O. Box 15275, Sacramento, CA 95851. To ensure delivery, we suggest that you send this form by certified mail and request a return receipt. Retain a copy for your records.

ENCLOSE THE FOLLOWING REQUIRED DOCUMENTS:

- Certified copy of final decree of dissolution, judgment of nullity, or dissolution/termination of registered domestic partnership.

OR

- Certified copy of an order of separate maintenance, **AND**
 Certified copy of property settlement agreement (if applicable)