



CHANGE OF OPTION AFTER RETIREMENT (Death)  
 ELECTION FORM (COMPOUND OPTION)  
 SR 0214 (Rev 7/06)

**FOR USE JANUARY 1, 2007 AND AFTER**

Page \_\_\_ of \_\_\_

**PLEASE READ THE INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM**

MEMBER NAME:	MEMBER SSN OR CLIENT ID:
--------------	--------------------------

*If you are electing to change to Compound Option, check the Compound Option box and complete the entire form.  
 Sign and date the reverse side of this form and return form to CalSTRS.*

**SERVICE RETIREMENT - ELECTION OF COMPOUND OPTION**

**COMPOUND OPTION** I have read the instructions that describe the available options and hereby make the following Compound Option election.

I elect to retain \_\_\_\_\_ % of my allowance as Member-Only.

<b>BENEFICIARY DESIGNATION:</b>			
Select 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each designated beneficiary. A minimum of two beneficiaries must be selected if you are not electing to retain any of your benefit as Member-Only.			
<b>FOR THIS DESIGNATED BENEFICIARY I ELECT</b>			
_____ % BENEFICIARY OPTION		AND	_____ % of my Member-Only Benefit
NAME	(last) (first) (initial)	SOCIAL SECURITY NUMBER	
ADDRESS	(number) (street) (apt #)	TELEPHONE NUMBER(s)	
	(city) (state) (zip code)	home ( )	
		work ( )	
BIRTHDATE (mo/day/yr)	MEMBER OF CalSTRS?	RELATIONSHIP	SEX
/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>FOR THIS DESIGNATED BENEFICIARY I ELECT</b>			
_____ % BENEFICIARY OPTION		AND	_____ % of my Member-Only Benefit
NAME	(last) (first) (initial)	SOCIAL SECURITY NUMBER	
ADDRESS	(number) (street) (apt #)	TELEPHONE NUMBER(s)	
	(city) (state) (zip code)	home ( )	
		work ( )	
BIRTHDATE (mo/day/yr)	MEMBER OF CalSTRS?	RELATIONSHIP	SEX
/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>FOR THIS DESIGNATED BENEFICIARY I ELECT</b>			
_____ % BENEFICIARY OPTION		AND	_____ % of my Member-Only Benefit
NAME	(last) (first) (initial)	SOCIAL SECURITY NUMBER	
ADDRESS	(number) (street) (apt #)	TELEPHONE NUMBER(s)	
	(city) (state) (zip code)	home ( )	
		work ( )	
BIRTHDATE (mo/day/yr)	MEMBER OF CalSTRS?	RELATIONSHIP	SEX
/ /	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

I HAVE READ AND FULLY UNDERSTAND THE INSTRUCTIONS FOR THE COMPOUND OPTION ELECTION. I FULLY UNDERSTAND THAT:

I cannot change this Election after service retirement unless one or more of my designated beneficiaries predeceases me, or one of my designated beneficiaries is my spouse and a final decree for a dissolution of marriage, annulment, or action for separate maintenance has been entered on or after January 1, 1978; or, my designated beneficiary is not my spouse or former spouse and I change my election to my current spouse.

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 (single, divorced, or widowed).  I have completed a "Justification for Non-Signature of Spouse" (MS-1125A).

SPOUSE'S 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, and that no material facts have been omitted, and that the spousal signature is in fact the true signature of my spouse; or if no spousal signature appears, that I have completed the "Justification for Non-Signature of Spouse" (MS-1125A) or I am not married 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)  / /
-------------------------------	-----------------------------

### INSTRUCTIONS

**COMPOUND OPTION:**

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. You may select the same or different benefit percent for each beneficiary. In either case, you must select from 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each beneficiary. Upon your death, your option beneficiary(ies) will receive a benefit as provided by the formulas used to calculate survivor benefits under each option selected. If your option beneficiary predeceases you, your benefit will change as stated under those designated options.

**ELECTION OF COMPOUND OPTION:**

Check the COMPOUND OPTION box if you wish to elect Compound Option. The election will be effective six (6) months following the date it is received by CalSTRS in Sacramento, providing both the retired member and the new option beneficiary are then living.

**ALLOWANCE ALLOCATION/BENEFICIARY DESIGNATION**

If you wish to retain a part of your MEMBER-ONLY BENEFIT, enter that percentage in the space provided on the front of this form. Please review your benefit allocation percentages. CalSTRS will not be able to process your election if the total allocation of the option benefits given to the beneficiaries (including the Member-Only percentage) does not equal 100%.

<b>MEMBER-ONLY</b>	_____	%	
<b>BENEFICIARY</b>	_____	%	
<b>BENEFICIARY</b>	_____	%	
<b>BENEFICIARY</b>	_____	%	
<b>TOTAL FROM OTHER PAGES</b>	_____	%	<b>(Total percentage from attached pages)</b>
 <b>GRAND TOTAL</b>	 (100%) _____	 %	

If you wish to designate more than three option beneficiaries, use additional copies of this form. Please indicate the number of pages you are submitting in the upper right hand corner, on the front side of this form.

Please provide all the information requested for each option beneficiary, including birthdate verification.

**KEEP A COPY OF ALL FORMS FOR YOUR RECORDS**