

CALSTRS

HOW WILL YOU SPEND YOUR FUTURE?

DISABILITY ALLOWANCE TO SERVICE RETIREMENT APPLICATION (SR-0234)



Read the attached instructions and the eligibility requirements for Disability Allowance to Service Retirement before completing this application. Keep the instruction and information sheets for your records. Please use black ink or a typewriter when completing the application.

CALL CENTER

TOLL FREE: 1-800-228-5453
OR: (916) 229-3870
TDD: (916) 229-3541

MAILING ADDRESS

P.O. BOX 15275
SACRAMENTO, CA
95851-0275

WEBSITE

www.CalSTRS.com

INSTRUCTIONS & INFORMATION FOR DISABILITY ALLOWANCE TO SERVICE RETIREMENT APPLICATION

Please use a typewriter or print in black ink. 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. Keep a copy of the completed application for your records.

RETIREMENT DATE. When you reach age 60, or at such later date when you no longer have eligible children, your disability allowance will be terminated, and you will be eligible for service retirement. When you return the completed Disability Allowance to Service Retirement Application (SR-0234), your benefit will be converted to a service retirement upon the retirement date designated on this application.

Should you wish to defer your conversion to service retirement you must provide CalSTRS with written instruction before age 60 to defer payment of the service retirement benefit.

Note: Once your disability allowance has been converted to service retirement, your 2% cost of living increases will continue each year on September 1, payable on your October 1 dated warrant and will be based on your total allowance as of the effective date of your retirement.

PRE-RETIREMENT INFORMATION. As of January 1, 1994, all members who are receiving a disability allowance, and are 55 years of age or older, are eligible to make a pre-retirement election of an option. Those members whose disability effective dates are after January 1, 1994, may retain their pre-retirement elections made prior to their disability effective dates. If you have previously filed a Pre-Retirement Election of an Option (SR-0307 A or B) form and wish to change or cancel this election, you must complete the form SR-0307 or SR-0327 for the Compound Option (formerly known as Option 8). All requests for changes or cancellations on the SR-0307 or SR-0327 must be received by CalSTRS in Sacramento prior to the specified date of your service retirement.

ALLOWANCE CHOICES. If you do not wish to modify your retirement allowance to provide a continuing monthly benefit to a beneficiary, check the Member-Only Benefit (formerly known as Unmodified) box and do not fill in the beneficiary information. If you choose an option, check the appropriate option box and complete the beneficiary information. If you elect 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option, only one option beneficiary may be designated. The Compound Option offers various choices. 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. The allowance choice will become effective as of the retirement date.

- Member-Only Benefit, formerly known as Unmodified: Provides you with a lifetime monthly benefit. Upon your death, no continuing amount is payable to a beneficiary.
- 100% Beneficiary Option, formerly known as Option 6: Upon your death, your option beneficiary will continue to receive the same benefit that you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- 75% Beneficiary Option: Upon your death, your option beneficiary will receive 75% of the amount you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- 50% Beneficiary Option, formerly known as Option 7: Upon your death, your option beneficiary will receive one-half of the benefit that you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- Compound Option: Provides you a lifetime monthly retirement benefit, with a reduction based on the number of beneficiaries and their designated options. Under the Compound Option, you may elect the same option or a different option (100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option) for each option beneficiary. Upon your death, the option beneficiaries will receive a monthly benefit as stated under the designated options. If the option beneficiaries predecease you, your benefit will change as stated under those designated options.

Your retirement benefit will be calculated in accordance with the option elected on this form and will be based on your age and your option beneficiary's age.

A retiree who elected 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option OR elected one of these options for an option beneficiary under the Compound Option may select a new option beneficiary after the effective date of retirement, if the previously elected option beneficiary predeceases the retiree. The retiree's modified benefit, as of the effective date, will be used to calculate the new modified benefit. The change will become effective six (6) months following the date it is received by

CalSTRS in Sacramento, provided both the retired member and the new option beneficiary are living.

If a retiree elected an option (100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option) or elected one of these options for one of the beneficiaries under the Compound Option at the time of retirement, and the previously elected option beneficiary is living, there are two circumstances that will allow a retiree to elect a new option beneficiary after retirement:

- You may cancel an option election for your former spouse or former registered domestic partner (partner) and elect the Member-Only Benefit or elect a new option beneficiary, if a final decree of dissolution of marriage, dissolution or termination of a registered domestic partnership, or judgment of nullity has been entered, or an order of separate maintenance has been made on or after January 1, 1978. You may make this election by completing the Cancellation or Change of Option Beneficiary after Retirement (Dissolution of Marriage / Dissolution or Termination of Registered Domestic Partnership) (SR-0138) form. The new choice must be consistent with the court order. The change will be in effect on the date it is received by CalSTRS in Sacramento.
- You may change your option beneficiary to your spouse or registered domestic partner if your previously chosen option beneficiary is not your spouse, partner, former spouse, or former partner. Request Change of Option Beneficiary after Retirement (Spouse or Registered Domestic Partner) (SR-0489) form. CalSTRS will send you an estimate for the cost of each option. When you have chosen an option, CalSTRS will process the change. A marriage certificate or declaration of domestic partnership and your beneficiary's birth date verification will be required. The election will become effective six (6) months following the date it is received by CalSTRS in Sacramento, provided both the retired member and the new option beneficiary are then living.

Changes in option beneficiaries must not require the system to incur any additional financial liability; therefore, your allowance will be recalculated based upon your age and the ages of the new option beneficiaries, as of the effective date of the new election. The recalculation will cause a further modification in your allowance.

OTHER PUBLIC RETIREMENT SYSTEMS:

Complete this section of the application only if you are receiving or will receive a retirement benefit from another California Public Retirement System, as

follows: Public Employees' Retirement System (CalPERS), University of California Retirement System (UCRS), San Francisco Employees' Retirement System (SFERS), Legislators' Retirement System (LRS), or the 1937 Act County Retirement Systems from the following counties:

Alameda	Contra Costa	Fresno	Imperial
Kern	Los Angeles	Marin	Mendocino
Merced	Orange	Sacramento	San Bernardino
San Diego	San Joaquin	San Mateo	Santa Barbara
Sonoma	Stanislaus	Tulare	Ventura

If you are retiring concurrently from a 1937 Act County Retirement System, please enter the name of the county in the space provided.

RETIREMENT DATE: Enter date of retirement from other public retirement system.

PAYMENT MAILING INSTRUCTIONS:

CalSTRS strongly recommends that you receive your retirement benefits by direct deposit. Direct deposit electronically sends your funds to your financial institution on the first of each month. Direct deposit eliminates the need for you to go to the bank to deposit your check. Direct deposit also eliminates the possibility of your check being lost, stolen or forged. Direct deposit is the safest way to ensure that your hard-earned retirement benefits are safe in your account even when you are out of town or ill. A Direct Deposit Advice, which contains pertinent benefit payment information, is sent to your home address each month. If you do not want the advice sent to you, write to CalSTRS and request that the advice be stopped.

- To participate in direct deposit, check the first box on the Disability Allowance to Service Retirement Application, complete the enclosed Direct Deposit Authorization (MS-1130) form and return it with your application.
- If you want your retirement payments sent directly to your home address, check the second box. On the first of each month your check will be sent to the address listed on the first section of this application.

SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER:

If you are not married or registered please check the appropriate box above the spouse or partner signature. If you are married or registered and your spouse or partner did not sign the application, you must complete a Justification for Non-Signature of Spouse or Registered Domestic Partner (MS-1125A) form and check the appropriate box above the spouse or partner signature. If you are

married or registered, have your spouse or partner sign and date the Disability Allowance to Service Retirement Application. Failure to comply could affect your benefit.

APPLICANT'S SIGNATURE. Please sign and date the application. After you have completed your Disability Allowance to Service Retirement Application, return the original application to CalSTRS in Sacramento by Certified Mail, Return Receipt Requested. Complete and retain the "Member Copy" for your records. Do not submit your application to your employer.

Mail application to:

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM
Service Retirement Division, MS 65
P.O. Box 15275
Sacramento, CA 95851-0275

All requested application information is needed for CalSTRS to determine your benefits. The California Education Code provides the authority to obtain this information. If the information is not provided, the result may be a delay in benefits being paid, or in some cases, contributions being withheld by the employing district until the information is submitted. Upon request and submission of proper identification, you have the right to review your file maintained by CalSTRS.

For further information, you may contact the CalSTRS Call Center at (916) 229-3870; Toll free 1-800-228-5453; TDD (916) 229-3541; or by writing to us at the above address or through the CalSTRS website.

Should you find it necessary to contact us, your correspondence should include your Social Security number, full name, address, and daytime telephone number, including area code. This will assist CalSTRS in locating your file without disrupting the processing of your Disability Allowance to Service Retirement Application. Notify us immediately, in writing, of any change in your name or home address.

INFORMATION FOR RETIREES

FEDERAL AND STATE TAX WITHHOLDING.

Federal and California state statutes require income tax withholding on distributions from pensions, annuities, and deferred compensation plans. Therefore, CalSTRS must withhold income tax on the gross amount of each monthly payment unless the payee has filed an election not to have withholding apply. CalSTRS benefit recipients must make their election on the Income Tax Withholding Preference Certificate (AD-0908) form. If you do not submit this form, CalSTRS must automatically withhold income tax from your monthly

benefit amount in accordance with the standard withholding table of a married individual claiming three withholding exemptions. Withholding will be applied to the gross (prior to any deduction) amount of each monthly payment for service retirement. If your home address is outside California, CalSTRS will not withhold California state tax unless you request CalSTRS to withhold.

If you do not want withholding applied at this time you must return the form with the "Do not withhold" box(es) marked. If you elect not to have withholding, or if you do not have enough income tax withheld, you may be responsible for payment of an estimated tax. You may also incur penalties under the tax rules if your withholding and estimated tax payments are not sufficient.

Note: CalSTRS cannot provide specific tax information. You must contact the Internal Revenue Service, the California Franchise Tax Board, or a qualified advisor or consultant for tax advice.

INSURANCE PREMIUM DEDUCTIONS. Please note that insurance premiums are deducted one month in advance of coverage. You must make all changes to your insurance coverage with your insurance company. Changes in premium rates are originated by your insurance company, automatically applied to your account, and will change the amount of your monthly benefit. CalSTRS will not notify you in advance regarding the premium changes made by your insurance company. Please see the enclosed Insurance Premium Deduction Authorization (MS-0556).

RETIREMENT CHANGE REQUEST. To change your retirement date, alternative, option (100% Beneficiary Option, 75% Beneficiary Option, or 50% Beneficiary Option), option beneficiary, or to cancel your Disability Allowance to Service Retirement Application you must complete the enclosed Retirement Application Change Request (SR 1328) form.

To change your option election to Compound Option or modify a Compound Option election, you must complete the enclosed Retirement Application Change Request (SR-1328) form and the Service Retirement Compound Option Election (SR-0364) form.

Note: All requests for changes or cancellations on the SR-1328 or SR-0364 must be received by CalSTRS in Sacramento prior to your requested date of retirement. They must also include the signature of your spouse or registered domestic partner to validate your change or cancellation. If you are married or registered as a domestic partner, and your spouse or partner did not sign, please

complete a Justification for Non-Signature of Spouse or Registered Domestic Partner form.

BIRTHDATE VERIFICATION REQUIREMENTS.

If you elect any of the available options (100% Beneficiary Option, 75% Beneficiary Option, 50% Beneficiary, or Compound Option), your beneficiary's birthdate must be verified unless he or she is a CalSTRS member. A copy of the original or certified copy of the marriage certificate is required if your beneficiary's present name is not the same as that shown on the birth certificate.

Acceptable documents include a copy of the original or certified copy of the birth certificate (recorded at least 7 years prior to application for CalSTRS benefits). If the required document cannot be obtained, forward the notice you receive from the official record keeper showing there is no record available. We will help you secure other acceptable documentation.

EMPLOYMENT AFTER RETIREMENT.

The only restrictions on employment after retirement are within the public school system of California. You may be employed in any certificated position, but there is a limit on earnings from public school employment for each school year (a school year is defined as July 1 through June 30). Your retirement benefit will be reduced dollar for dollar by any earnings that exceed the limit amount. Each July 1, the earnings limit is adjusted to reflect specified increases. CalSTRS notifies employers, members, and benefit recipients of each year's earnings limitation. Post-retirement employment in a certificated position in California public school may not be earlier than your effective date of retirement. Contact your employer to determine if your employment may qualify for exemption from the earnings limitation.

REINSTATEMENT.

You may voluntarily terminate your service retirement and reinstate to membership at any time after your effective date of retirement by submitting a Retirement Application Change Request (SR-1328) form to CalSTRS. CalSTRS strongly recommends that you contact a CalSTRS benefits counselor before you reinstate to discuss the impact this decision will have on your future retirement benefits.

1. You cannot retire again until one full calendar year has elapsed from the date of reinstatement.
2. If you elected an unmodified allowance when you retired, you are not eligible to file a Pre-Retirement Election of an Option (SR-0307) form until one calendar year has elapsed from the date of reinstatement.
3. If you elected on option when you retired, the option in effect during service retirement will be

treated as a pre-retirement option based on the effective date of the retirement. If your death occurs after reinstatement and before a subsequent retirement, the beneficiary will be covered under that option.

4. You will not be eligible for a disability allowance, disability retirement, nor will survivor benefits or a family allowance be payable upon your death, until you have performed one year of credited service subsequent to the date of your reinstatement from retirement.
5. Any benefits payable due to participation in the Retirement Incentive Program (2 years, or 2+2) will be terminated.

RETIREMENT AFTER REINSTATEMENT.

If you retire for service, reinstate to membership, and then retire again, your new monthly benefit will be equal to the sum of both of the following:

1. An amount equal to the last allowance received immediately before reinstatement increased by the 2% Annual Benefit Adjustment that would have been applied to the allowance if you had not reinstated; **PLUS:**
2. An amount based on service earned since your last reinstatement, your age at the subsequent retirement, and final compensation. Only the service earned since your last reinstatement will count toward eligibility for the career bonus.

Note: If you have previously received a retirement or disability benefit, CalSTRS strongly recommends that you request an estimate of your future benefits from CalSTRS before you retire again.

DISABILITY ALLOWANCE TO SERVICE RETIREMENT APPLICATION
 SR-0234 (Rev 07/06)

FOR USE JANUARY 1, 2007 AND AFTER

I have read the attached instructions and information packet, and I hereby apply for service retirement. I fully understand that if my service retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date which I have specified on this application.			CalSTRS USE ONLY
Please print or type.			
NAME	(last)	(first) (initial)	SSN OR CLIENT ID
ADDRESS	(number)	(street) (apt #)	BIRTHDATE (MM/DD/YYYY) / /
	(city)	(state) (zip code)	RETIREMENT DATE (MM/DD/YYYY) / /
TELEPHONE NUMBER (s)	(home) ()	(work) ()	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

ALLOWANCE CHOICE: I have read the instructions which describe the allowances available, 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-0364.

MY BENEFICIARY FOR THIS DISABILITY ALLOWANCE TO SERVICE RETIREMENT 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-0364.		SOCIAL SECURITY NUMBER
NAME	(last) (first) (initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS	(number) (street) (apt #)	TELEPHONE NUMBER(s) Home: ()
	(city) (state) (zip code)	Work: ()
MEMBER OF CALSTRS? <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

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(es) below.
 Check all that apply.

<input type="checkbox"/> CalPERS <input type="checkbox"/> SFERS <input type="checkbox"/> LRS <input type="checkbox"/> UCRS <input type="checkbox"/> 1937 ACT COUNTY	RETIREMENT DATE (MM/DD/YYYY) / /
COUNTY NAME _____	

PAYMENT MAILING INSTRUCTIONS
 I wish to have my monthly service retirement payments transferred directly to a financial institution, and I have completed the enclosed DIRECT DEPOSIT Authorization (MS-1130).
 I wish to have my monthly retirement payment mailed directly to my home address as indicated above.

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) 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) / /
---	--------------------------

DISABILITY ALLOWANCE TO SERVICE RETIREMENT APPLICATION
 SR-0234 (Rev 07/06)

FOR USE JANUARY 1, 2007 AND AFTER

I have read the attached instructions and information packet, and I hereby apply for service retirement. I fully understand that if my service retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date which I have specified on this application.			CalSTRS USE ONLY	
Please print or type.				
NAME	(last)	(first)	(initial)	SSN OR CLIENT ID
ADDRESS	(number)	(street)	(apt #)	BIRTHDATE (MM/DD/YYYY) / /
	(city)	(state)	(zip code)	RETIREMENT DATE (MM/DD/YYYY) / /
TELEPHONE NUMBER (s)	(home)	(work)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

ALLOWANCE CHOICE: I have read the instructions which describe the allowances available, 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-0364.

MY BENEFICIARY FOR THIS DISABILITY ALLOWANCE TO SERVICE RETIREMENT 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-0364.			SOCIAL SECURITY NUMBER	
NAME	(last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS	(number)	(street)	(apt #)	TELEPHONE NUMBER(s) Home: ()
	(city)	(state)	(zip code)	Work: ()
MEMBER OF CALSTRS? <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

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(es) below.
 Check all that apply.

<input type="checkbox"/> CalPERS <input type="checkbox"/> SFERS <input type="checkbox"/> LRS <input type="checkbox"/> UCRS <input type="checkbox"/> 1937 ACT COUNTY	RETIREMENT DATE (MM/DD/YYYY) / /
COUNTY NAME _____	

PAYMENT MAILING INSTRUCTIONS
 I wish to have my monthly service retirement payments transferred directly to a financial institution, and I have completed the enclosed DIRECT DEPOSIT Authorization (MS-1130).
 I wish to have my monthly retirement payment mailed directly to my home address as indicated above.

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) 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) / /
---	--------------------------