

CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT DUE TO DEATH  
 SR 0362 (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 TO CHANGE THE BENEFICIARY/OPTION UNDER WHICH I AM RETIRED.**

<b>NAME</b>	(last)	(first)	(initial)	SOCIAL SECURITY NUMBER or CLIENT ID
<b>ADDRESS</b>	(number)	(street)	(apt no.)	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):

100% BENEFICIARY OPTION     75% BENEFICIARY OPTION     50% BENEFICIARY OPTION     COMPOUND OPTION\*



\* If you are electing Compound Option, you must also complete form SR-0492.

<b><u>BENEFICIARY INFORMATION</u></b> MY BENEFICIARY FOR THIS CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT DUE TO DEATH 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 0492.			SOCIAL SECURITY NUMBER	
NAME	(last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS	(number)	(street)	(apt #)	TELEPHONE NUMBER (s) (home) ( ) (work) ( )
	(city)	(state)	(zip code)	
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:**

- This election will not become effective until six months from the date this form is received by CalSTRS.
- My new benefit will be based on an actuarially determined percentage of my benefit payable on the day preceding the effective date of this election.
- I cannot change this election unless the above named option beneficiary predeceases me; or the above named option beneficiary and I are involved in a dissolution of marriage or a dissolution / termination of registered domestic partnership, or annulment for which the final decree, or an action for separate maintenance, has been issued.
- 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).

<b>SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER</b> 	Date (MM/DD/YYYY) / /
I certify under penalty of perjury under the laws of the State of California that foregoing is true and correct.	
<b>APPLICANT'S SIGNATURE</b> 	Date (MM/DD/YYYY) / /

## CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT DUE TO DEATH

**ELIGIBILITY** -- A retiree who selected an option beneficiary under 100% Beneficiary Option, 75% Beneficiary Option, or 50% Beneficiary Option, or one of these options under Compound Option may select a new option and/or beneficiary, if the previously selected option beneficiary predeceases the retiree. If the retiree previously elected Option 6 or 7 then the original option must be maintained but the retiree may elect only a new option beneficiary. The retiree's modified benefit as of the day preceding the effective date of the new selection will be used to calculate the new modified benefit. The election may not result in any additional liability to the system. The retiree cannot elect the unmodified benefit.

Note: This form is not applicable if the retiree is canceling or changing an option after retirement due to Dissolution of Marriage, Dissolution or Termination of Domestic Partnership, or to change a living option beneficiary to your current spouse or registered domestic partner.

**PROCEDURE FOR FILING** -- Prepare your application form in duplicate. Please use a typewriter or print using 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 election of option will become effective six (6) months after this form and a certified copy of the death certificate of the previous option beneficiary is received by CalSTRS, provided both the retired member and the designated option beneficiary are then living.

**BENEFIT CHOICE** -- Check the appropriate option box and complete the beneficiary information.

- **100% BENEFICIARY OPTION:** Upon your death, the option beneficiary will continue to receive the same modified monthly benefit that you received. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- **75% BENEFICIARY OPTION:** 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:** Upon your death, your option beneficiary will receive one-half of the amount you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- **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 a different benefit percent for each beneficiary. You must select from the 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option. 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 an 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 a SR 0492 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. Please request and complete CalSTRS form MS 0002 to name a lump-sum beneficiary(ies).

**BIRTHDATE VERIFICATION**-- Your option beneficiary(ies) birthdate(s) must be verified before any benefit payment can be issued by the system. A copy of your beneficiary's original birth certificate is required. If your option beneficiary's name is not the same as that shown on the birth certificate, a copy of the marriage certificate is required.

**SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER** -- Have your spouse or registered domestic partner sign and date the Change of Option after Retirement (Spouse) form. If your spouse or registered domestic 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 registered domestic partner signature field. Failure to comply will affect your benefits.

**APPLICANT'S SIGNATURE** -- Sign and date the Change Of Option Beneficiary After Retirement Due To Death form. Mail your completed form to: State Teachers' Retirement System, P.O. Box 15275, Sacramento, CA 95851-0275. To assure delivery, we suggest that you send this form by certified mail and request a return receipt. Retain a photocopy for your records.

### **REQUIRED DOCUMENTS:**

- Certified copy of the death certificate for previous option beneficiary.
- Birthdate verification documents for new option beneficiary.
- Certified copy of Marriage certificate or Declaration of Domestic Partnership if a named beneficiary is a spouse or registered domestic partner.