

**CANCELLATION OR CHANGE OF OPTION AFTER RETIREMENT (Dissolution of Marriage / Dissolution or Termination of Registered Domestic Partnership)
 ELECTION FORM (COMPOUND OPTION)
 SR 0369 (Rev 07/2006)**

FOR USE JANUARY 1, 2007 AND AFTER

PLEASE READ THE INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM

Page ___ of ___

MEMBER NAME:	MEMBER SSN or CLIENT ID:
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**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

Please check box:

<input type="checkbox"/> COMPOUND OPTION	I have read the instructions that describe the available options and hereby make the following Compound Option election.
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I elect to retain _____% of my benefit as Member-Only. (Optional)

Select 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each designated beneficiary.

FOR THIS DESIGNATED BENEFICIARY I ELECT _____% BENEFICIARY OPTION AND _____% OF MY MEMBER-ONLY BENEFIT			SOCIAL SECURITY NUMBER - -
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER ()
(city)	(state)	(zip code)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	

FOR THIS DESIGNATED BENEFICIARY I ELECT _____% BENEFICIARY OPTION AND _____% OF MY MEMBER-ONLY BENEFIT			SOCIAL SECURITY NUMBER - -
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER ()
(city)	(state)	(zip code)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	

FOR THIS DESIGNATED BENEFICIARY I ELECT _____% BENEFICIARY OPTION AND _____% OF MY MEMBER-ONLY BENEFIT			SOCIAL SECURITY NUMBER - -
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY) / /
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER ()
(city)	(state)	(zip code)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER	

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

I cannot change this election unless one or more of my designated beneficiaries predeceases me, or one of my designated beneficiaries 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 on or after January 1, 1978; or, my designated beneficiary is not my spouse, partner, former spouse or former partner and I change my election to my current spouse or partner.

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)



/ /

INSTRUCTIONS

1. **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, your benefit will change as stated under those designated options.
2. Check the **COMPOUND OPTION** box if you wish to elect Compound Option. The election will be effective on the date it is received by CalSTRS in Sacramento.
3. 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%.

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

4. 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 top right hand corner, on the front side of this form.
5. Please provide all the information requested for each option beneficiary, including birthdate verification.
6. **KEEP A COPY OF ALL FORMS FOR YOUR RECORDS.**