

CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT (SPOUSE OR REGISTERED DOMESTIC PARTNER)
 SR 0489 (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.*

THE OPTION BENEFICIARY ELECTED AT RETIREMENT WAS NOT MY SPOUSE, FORMER SPOUSE, DOMESTIC PARTNER, OR FORMER DOMESTIC PARTNER. I HEREBY APPLY TO CHANGE THE BENEFICIARY/OPTION UNDER WHICH I RETIRED TO MY SPOUSE OR REGISTERED DOMESTIC PARTNER.				
NAME	(last)	(first)	(initial)	SSN or CLIENT ID
ADDRESS	(number)	(street)	(apt #)	BIRTHDATE (MM/DD/YYYY) / /
	(city)	(state)	(zip code)	TELEPHONE NUMBER(S)

ALLOWANCE 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.

<u>BENEFICIARY INFORMATION</u> MY BENEFICIARY FOR THIS CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT (Spouse or Registered Domestic Partner) APPLICATION UNDER 100% BENEFICIARY OPTION, 75% BENEFICIARY OPTION OR 50% BENEFICIARY OPTION WILL BE AS SPECIFIED BELOW, OR IF COMPOUND OPTION IS 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: ()
	(city)	(state)	(zip code)	work: ()
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 allowance will be based on an actuarially determined percentage of my allowance 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 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.

- My spouse or registered domestic partner's signature appears below.
 I have completed a Justification for Non-Signature of Spouse or Registered Domestic Partner (SR-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 foregoing is true and correct.

APPLICANT'S SIGNATURE



DATE (MM/DD/YYYY)

/ /

CHANGE OF OPTION AFTER RETIREMENT (Spouse or Registered Domestic Partner)

ELIGIBILITY – A retiree who selected a beneficiary under Option 2, Option 3, Option 4, Option 5, Option 6, or Option 7, may change that election to their spouse or registered domestic partner if the previously selected option beneficiary was not their spouse, partner, former spouse, or former partner. They may change their option selection to option 2, Option 3, Option 4, Option 5, Option 6, Option 7, or Option 8. A retiree may not change their selection to the unmodified benefit. If the retiree elects Option 8, the spouse or registered domestic partner must be one of the designated option beneficiaries.

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 new election will become effective six (6) months from the date the form is received by CalSTRS in Sacramento, provided both the retired member and the option beneficiary(ies) are then living.

BENEFIT CHOICE – Check the appropriate option and complete the option beneficiary information.

- **100% BENEFICIARY OPTION**: 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**: Upon your death, your option beneficiary will receive 50% 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 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, you option beneficiary(ies) will receive a monthly 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.

BENEFICIARY INFORMATION – The beneficiary named on this form 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 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 – 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 after Retirement (Spouse or Registered Domestic Partner) 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:

- MARRIAGE CERTIFICATE OR DECLARATION OF DOMESTIC PARTNERSHIP.
- BIRTH VERIFICATION DOCUMENTS FOR THE SPOUSE OR REGISTERED DOMESTIC PARTNER