

CHANGE OF OPTION AFTER RETIREMENT (Spouse / Registered Domestic Partner)
 ELECTION FORM (COMPOUND OPTION)
 SR 0492 (REV 07/2006)

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FOR USE JANUARY 1, 2007 AND AFTER

PLEASE READ THE INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM

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

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 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			SOCIAL SECURITY NUMBER
OPTION # _____	AND	_____ % OF MY MEMBER-ONLY BENEFIT	
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY)
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER(s)
(city)	(state)	(zip code)	home ()
			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
FOR THIS DESIGNATED BENEFICIARY I ELECT			SOCIAL SECURITY NUMBER
OPTION # _____	AND	_____ % OF MY MEMBER-ONLY BENEFIT	
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY)
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER(s)
(city)	(state)	(zip code)	home ()
			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
FOR THIS DESIGNATED BENEFICIARY I ELECT			SOCIAL SECURITY NUMBER
OPTION # _____	AND	_____ % OF MY MEMBER-ONLY BENEFIT	
NAME (last)	(first)	(initial)	BIRTHDATE (MM/DD/YYYY)
ADDRESS (number)	(street)	(apt #)	TELEPHONE NUMBER(s)
(city)	(state)	(zip code)	home ()
			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

CHANGE OF OPTION AFTER RETIREMENT (Spouse / Registered Domestic Partner)
 ELECTION FORM (COMPOUND OPTION)
 SR 0492 (REV 07/2006)

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 or registered domestic partner and a final decree for a dissolution of marriage, dissolution or termination of registered domestic partnership, annulment, or action for separate maintenance has been entered on or after January 1, 1978.

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.

<input type="checkbox"/> I am not married or in a registered domestic partnership. <input type="checkbox"/> 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

COMPOUND OPTION

You may name one or more option beneficiaries and keep a portion of your benefit as Member-Only (formerly known as unmodified), or you may name multiple beneficiaries to receive a monthly benefit. You may select the same or different benefit percent for each beneficiary. You must select from the 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 an 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 beneficiaries are then living.

BENEFIT 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 unmodified percentage) does not equal 100%.

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