

# Cash Balance Justification for Non-Signature of Spouse or Registered Domestic Partner Instructions

(CB 535i, Rev. 7/07)

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Use a typewriter or print legibly in black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible.

Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, obtain a new form or line through the error, make the appropriate correction and initial the correction.

Any errors or omissions on the Justification for Non-Signature of Spouse or Registered Domestic Partner (CB 535) will delay the processing of your distribution. Photocopied signatures will not be accepted.

Only one Justification for Non-Signature of Spouse or Registered Domestic Partner form is needed for a Cash Balance Benefit Program distribution.

Please retain copies for your records and return the completed form and associated application to:

CalSTRS  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
800-228-5453  
TTY 916-229-3541

# Cash Balance Benefit Program Justification for Non-Signature of Spouse or Registered Domestic Partner

(CB 535, Rev. 7/07)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
800-228-5453; TTY 916-229-3541  
www.CalSTRS.com

**PLEASE READ INSTRUCTIONS ON THE PREVIOUS PAGE BEFORE COMPLETING THIS FORM**

Pursuant to Education Code Section 26703, any request related to the selection of benefits by a participant in which a spouse or registered domestic partner interest may be present, such as a distribution of benefits, shall contain the signature of the participant's spouse or registered domestic partner unless a specified condition exists.

If the CalSTRS Cash Balance Benefit Program participant is married or registered as a domestic partner and a spouse or registered domestic partner signature does not appear on the application for distribution of benefits, the following section must be completed, signed by the participant, and submitted with the application.

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER
<b>Supporting Document</b>			
<input type="checkbox"/> Beneficiary Designation (CB 534)		<input type="checkbox"/> Retirement Benefit Application (CB 586)	
<input type="checkbox"/> Application for Termination Benefit (CB 585)		<input type="checkbox"/> Disability Benefit Application (CB 587)	
<input type="checkbox"/> Distribution Election Form (CB 475)		<input type="checkbox"/> Income Tax Withholding Preference (CB 584)	
<b>Declaration</b>			
<input type="checkbox"/> I am married or registered as a domestic partner, but my spouse or registered domestic partner did not sign the application because either: <ul style="list-style-type: none"> <li><input type="checkbox"/> I do not know, and have taken all reasonable steps to determine the whereabouts of my spouse/partner; OR,</li> <li><input type="checkbox"/> My spouse/partner has been advised of the application and has refused to sign the acknowledgment. I have initiated a court action to either enforce the spousal or registered domestic partner signature requirement or to waive the spousal or registered domestic partner signature requirement. CalSTRS must have a copy of the court order on file before any benefits can be paid. Please submit a certified copy of the court order as soon as you receive it. (See Education Code Section 26704); OR,</li> <li><input type="checkbox"/> My spouse/partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition (a doctor's statement certifying the condition is attached); OR,</li> <li><input type="checkbox"/> My spouse/partner has no identifiable community property interest in my benefits (documents supporting this statement are attached); OR,</li> <li><input type="checkbox"/> My spouse/partner and I have executed a marriage or registered domestic partner settlement agreement, which makes the community property law inapplicable to the marriage or registered domestic partner. (Certified copy of the agreement must be received by CalSTRS before any benefits can be paid.)</li> </ul>			
<p>I certify under penalty of perjury under the laws of the State of California that the information submitted herein is complete and true according to the best of my knowledge and no material facts have been concealed or omitted. I understand that perjury is punishable by imprisonment in the state prison for up to four years; Penal Code Section 126.</p>			
PARTICIPANT'S SIGNATURE			DATE (MO/DAY/YR)

