

RETIREMENT APPLICATION CHANGE REQUEST  
 SR 1328 (Rev. 07/2006)

**FOR USE JANUARY 1, 2007 AND AFTER**

**PLEASE READ THE REVERSE SIDE BEFORE COMPLETING THIS FORM. TYPE OR PRINT LEGIBLY IN BLACK INK.**

A request to change your Retirement Alternative, Retirement Date, Option, Option Beneficiary or a request to cancel your Retirement Application must be received by CalSTRS in Sacramento prior to your retirement date.

NAME	(last)	(first)	(initial)	SOCIAL SECURITY NUMBER or CLIENT ID
ADDRESS	(number)	(street)	(apt no.)	BIRTHDATE (mm / dd / yyyy)
	(city)	(state)	(zip code)	TELEPHONE NUMBER ( )

**Place a "✓" in the appropriate box(es).  
 Having previously submitted my retirement application, I now wish to:**

<input type="checkbox"/>	Change my retirement date from ___/___/___ to ___/___/___.
<input type="checkbox"/>	Cancel my retirement application.
<input type="checkbox"/>	Change my retirement alternative from Alternative ___ to: <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Alternative A <input type="checkbox"/> Alternative B <input type="checkbox"/> Alternative C
<input type="checkbox"/>	Cancel my Partial Lump Sum Request.
<input type="checkbox"/>	Change my option from _____ to : <input type="checkbox"/> Option 100% Beneficiary Option <input type="checkbox"/> 75% Beneficiary Option <input type="checkbox"/> 50% Beneficiary Option <input type="checkbox"/> Compound Option (If you chose Compound Option, please complete the attached Compound Option election form.)
<input type="checkbox"/>	Change my option beneficiary. <input checked="" type="checkbox"/> For 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option, complete information below. <input checked="" type="checkbox"/> To change one or more beneficiaries under Option 8 or under Compound Option, skip this section and complete the remainder of this form. Complete the appropriate attached form in addition to this form.

<b>MY NEW BENEFICIARY FOR MY RETIREMENT BENEFIT UNDER 100% BENEFICIARY OPTION, 75% BENEFICIARY OPTION OR 50% BENEFICIARY OPTION WILL BE:</b>			SOCIAL SECURITY NUMBER	
NAME	(last)	(first)	(initial)	BIRTHDATE (mm / dd / yyyy)
ADDRESS	(number)	(street)	(apt #)	TELEPHONE NUMBER (s)
	(city)	(state)	(zip code)	( ) (home)
				( ) (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 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) ____/____/____
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I certify under penalty of perjury under the laws of the State of California that the information submitted here is full, complete and true according to the best of my knowledge, and that no material facts have been omitted, and that the spouse or partner signature is in fact the true signature of my spouse or partner; or if no spouse or partner signature appears, that I have completed the "Justification for Non-Signature of Spouse or Registered Domestic Partner" (MS 1125A) or I am not married or registered and have checked the box above. I understand that perjury is punishable by imprisonment in the State Prison for up to four years (Penal Code Section 126).

<b>Applicant's Signature:</b> _____	Date: (mm / dd / yyyy) ____/____/____
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## INSTRUCTIONS FOR RETIREMENT APPLICATION CHANGE REQUEST

**Note: All requests for changes or cancellations must be received prior to your retirement date.**

The following instructions correspond with the items on the Retirement Application Change Request form (SR-1328). Please make your entries below the upper caption for each corresponding box.

Place a “✓” in the appropriate box(es) to:

- ✓ Terminate your retirement benefits and reinstate your account to active member status. Before making this important decision, you are encouraged to schedule a personal interview with a CalSTRS-trained counselor.
- ✓ Change your retirement date indicated on your retirement application you submitted to CalSTRS.
- ✓ Cancel your retirement application submitted to CalSTRS.
- ✓ Change the retirement alternative you indicated on your retirement application you submitted to CalSTRS, OR
- ✓ Change your option and/or option beneficiary indicated on your retirement application. If you have previously filed a Pre-Retirement Option Election and wish to change your option and/or option beneficiary, you should file an SR0307.

**ALTERNATIVE DESCRIPTIONS:** If you will be 60 or older on your retirement date, you may apply for normal retirement.

- ✓ **Normal Retirement:** You are eligible for normal retirement if you are age 60 or older and have at least 5 years of credited service. Your benefit will be calculated at the rate of two percent of final compensation for each year of credited service. The 2% factor will be increased by 0.033 for each quarter year of age up to a maximum of 2.4% at age 63.

If you are under the age of 60, you may apply for any one of the following three early Retirement Alternatives:

- ✓ **Alternative A (Standard Early Retirement):** If you have at least 5 years of credited service and are age 55 but under age 60, you may retire early with a reduced benefit. The monthly benefit is calculated in the same manner as normal retirement. However, the two percent factor is reduced for each full or partial month between your retirement date and your 60th birthday.
- ✓ **Alternative B (30 and Out, Standard Reduction):** If you are at least age 50 but under age 55 with at least 30 years of credited service, you qualify to apply for retirement under this alternative. As with Alternative A, the two percent retirement factor is reduced for each full or partial month between your retirement and your 60th birthday.
- ✓ **Alternative C (Early Retirement Limited-Term Reduction Program):** If you are at least age 55, but are under age 60 and have at least 5 years of credited service, you qualify to apply for retirement under this alternative. You will receive one-half the monthly benefit amount calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, the normal service retirement benefit will be paid.

**OPTION DESCRIPTIONS:** If you do not wish to modify your retirement benefit to provide a continuing monthly benefit to a beneficiary, check the Member-Only Benefit box and **do not** fill in the beneficiary information. If you choose an option, check the appropriate option box and complete the beneficiary information. The option choice will become effective as of the retirement date.

- ✓ **Member-Only Benefit, formerly known as Unmodified:** Provides you with a lifetime monthly benefit. Upon your death, no continuing amount is payable to a beneficiary.
- ✓ **100% Beneficiary Option, formerly known as Option 6:** 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, the 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, formerly known as Option 7:** Upon your death, your option beneficiary will receive one-half of the benefit you were receiving. If the option beneficiary predeceases you, your benefit will rise to the Member-Only Benefit level.
- ✓ **Compound Option:** Provides you a lifetime monthly retirement benefit, with a reduction based on the number of beneficiaries and their designated options. Under Compound Option, you may elect the same option or a different option (100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option) for each option beneficiary. Upon your death, the option beneficiaries will receive a monthly benefit as stated under the designated options. If the option beneficiaries predecease you, your benefit will change as stated under those designated options.

**SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER** -- If you are not married or in a registered domestic partnership, please check the “I am not married or registered as a domestic partner.” box above the signature field. If you are married or registered and your spouse or partner did not sign the application, you must complete a Justification for Non-Signature of Spouse or Registered Domestic Partner (MS 1125A) form and check the box above the signature field. If you are married or registered, have your spouse or partner sign and date the Benefit Change Request form. Failure to comply will affect your benefit.

**APPLICANT’S SIGNATURE** -- Sign and date the “Retirement Application Change Request” form and return to CalSTRS.