



**Benefit Services Division**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
**888 CalPERS** (or **888-225-7377**)  
TDD - (916) 795-3240; FAX (916) 795-3988

Reply To: Section 445

**Member information**

Date  
Name  
Street  
City, State Zip

**Dear Member:**

If you are in the process or have already separated from all CalPERS-covered employment, you will need to advise this office as to the disposition of your retirement contributions.

Before making this important decision, please read all of the information contained with this letter. The information is lengthy; however, after reading it you will be able to make an informed decision. If you do not understand your options as they are presented to you, please call our office at the toll free number above.

Included with this letter is information on reciprocity and other California public retirement systems, including election forms. The remaining documents contain tax information, two election documents terminating CalPERS membership and a spousal or registered domestic partner non-signature form. Please complete EITHER the refund or rollover election form and other accompanying forms, if applicable, and return to the address on the letterhead.

**If you are moving from one CalPERS-covered employer to another, you may not receive a refund or a rollover. You must be permanently separated from all CalPERS-covered employment before you may terminate your CalPERS membership and receive a return of retirement contributions. Once a refund or rollover payment is issued it cannot be cancelled. A refund election will terminate your membership in CalPERS and you will not be eligible for any future service retirement, disability retirement or death benefits.**

Please determine which bullet applies to you and read the applicable important information that should be considered before you decide to withdraw your contributions and terminate your membership in CalPERS.

- **If you have less than 5 years of service credit:** You are not a vested CalPERS member. If you decide to leave your contributions on deposit with CalPERS, you will continue to earn interest at the current rate of 6% and your membership will continue. No additional service credit will be earned unless you again become employed by a CalPERS-covered employer or acquire reciprocal rights with another California public retirement system. **Only if you become vested will you have the right to future retirement benefits.**  
**Exception:** If you have a job-related disability and are a safety member, you may qualify for Industrial Disability Retirement even if you have less than 5 years of service credit. Contact your employer or CalPERS for more information.
- **If you have at least 5 years of service credit and are younger than age 50:** You are a vested CalPERS member. You may leave your contributions on deposit with CalPERS, earning interest at the current rate of 6%. Then, when you are age 50, the minimum age to qualify for service retirement, you can apply for retirement and receive a monthly allowance based on the service credit earned before you separated from employment. You should use the retirement estimate calculator on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) to find out what your allowance would be at age 50. If you are disabled, regardless of age, you may be eligible for disability retirement. Contact your employer or CalPERS for the disability retirement election/application package.

PERS02M0324 (7/07)

California Public Employees' Retirement System  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

- **If you have at least 5 years of service credit and are age 50 or older:** You are a vested CalPERS member who qualifies for service retirement. You should use the retirement estimate calculator on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) to get an estimate of your retirement allowance before deciding if you want to withdraw your contributions, thus forfeiting your right to a monthly allowance. You may obtain a service retirement election/application package from your employer or CalPERS.

**If you wish to leave your funds on deposit, you do not need to respond to this letter.** You will continue to receive an Annual Member Statement every fall. If you move, please call CalPERS to update your address on our records.

**If, after considering all information, you wish to withdraw your funds you may do so providing you:**

- 1) Have permanently separated from employment.**
- 2) Are not moving to another CalPERS-covered employer.**
- 3) Are not accepting a job covered by another California public retirement system.**

Your refund will be comprised of the retirement contributions in your account with interest at 6% through the date your payment is scheduled to the State Controller's Office. Once CalPERS receives the properly completed refund or rollover election form AND your employer has updated our system to show that you have separated from employment, it will take about 3 to 4 weeks for your payment to be issued.

Please be aware that the employer contributions are NOT refundable. The amount contributed by your employer, as a percentage of payroll, goes into a separate fund that is used only to pay the pension portion of retirement or death benefits. Employer contributions are not the same as tax deferred member contributions that your employer may have contributed to your account on your behalf.

A refund election is considered a lump sum distribution under the Internal Revenue Code. The untaxed portion of your refund (tax deferred contributions and interest) may be subject to 2 ½% state and 10% federal early withdrawal penalty tax if you are under age 59 ½. CalPERS MAY NOT WITHHOLD AN AMOUNT TO COVER THE PENALTY TAX THAT MAY BE DUE WHEN YOU FILE YOUR INCOME TAX RETURN, SO PLAN ACCORDINGLY. Mandatory federal income tax withholding of 20% will be deducted from the untaxed portion of the refund. You will have the option of electing to have 2% of the untaxed portion withheld for California state income tax. For those California residents who do not make a choice, 2% will automatically be withheld for state income tax.

To avoid the 20% federal income tax withholding and federal and state early withdrawal penalty taxes, you may defer the taxability by electing to have the taxable portion of your refund rolled over to an IRA or an eligible defined contribution plan. If this is what you decide to do, you must submit the rollover election form contained in this package. Do NOT send a rollover form from your financial institution in lieu of the CalPERS rollover form.

If we can be of further assistance, please contact us.

**Refunds Unit  
Benefit Services Division**

PERS02M0324 (7/07)

California Public Employees' Retirement System  
[www.calpers.ca.gov](http://www.calpers.ca.gov)



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## **REFUND TAX INFORMATION**

### **RETAIN FOR FUTURE REFERENCE**

The following consists of summarized tax information and is provided in accordance with Section 402(f) of the Internal Revenue Code. **CalPERS cannot provide specific information or tax advice. Please see your tax consultant, the Internal Revenue Service or the State Franchise Tax Board. For additional information concerning rollovers, consult the appropriate financial institution of your choice.**

**Rollovers** – An “eligible rollover distribution” consists of the taxable portion of a refund of your contributions, including interest, due to a separation from all CalPERS-covered employment. You may avoid current taxation on the taxable amount of an eligible rollover distribution by rolling over that amount to an individual retirement arrangement (IRA) or another qualified employer retirement plan that accepts rollover contributions. A rollover may be accomplished in one of the following ways:

- 1) Direct Rollover** – You may request CalPERS transfer the taxable amount of the distribution to a special IRA or a qualified retirement plan that accepts rollovers. The amount to be rolled over must be at least \$500.00. Taxes will be reportable when you take the money out of the IRA or other qualified plan.
- 2) Regular Rollover** – You may take an in-hand distribution and, not later than 60 days after you receive the distribution, transfer all or a portion of the taxable portion of the distribution to an IRA or qualified plan that accepts rollovers. Taxes will be reportable when you take the money out of the IRA or other qualified plan.

Even if you plan to roll over the taxable portion of the eligible distribution, **unless you elect a “direct rollover”, you will only receive 80% of the distribution.** Federal tax rules require CalPERS to automatically deduct 20% federal tax withholding from the taxable portion of your refund if it is over \$200.00.

If you wish to make the “regular rollover” for the full 100% of your refund, you will have to make up the 20% difference out-of-pocket. You will also be taxed on the 20% that was withheld. When filing your individual tax return you then can get a refund of the amount withheld to the extent you have no further tax liability.

Early distributions from a qualified retirement plan are subject to an early withdrawal penalty tax of 10% federal and 2 ½% state on the taxable portion of the distribution, if received prior to age 59 ½ unless an exception applies, PLUS any income tax due on the distribution.

Please be aware, not all distributions are eligible to be rolled over. Any distribution that is part of a series of substantially equal periodic payments made at least annually under a life annuity, over life expectancy or over a specified period of 10 or more years is ineligible to be rolled over. Also ineligible for rollover treatment is the amount of a distribution that is necessary to satisfy the minimum distribution requirements that apply after you separate from employment or turn age 70 ½, **whichever occurs later.**

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**EXCEPTIONS TO THE ADDITIONAL TAX** – There are some instances where an individual will be exempt from the early withdrawal penalty tax of 10% federal and 2 ½% state even if they take an early distribution from a qualified retirement plan. These exceptions are as follows: 1) receipt of a CalPERS service or disability retirement benefit, paid as a monthly allowance over your/your beneficiary's life, 2) a lump sum distribution, if made to a beneficiary because of your death, 3) a lump sum distribution made to you because of your separation from service after attaining age 55 or after becoming disabled. (Because CalPERS cannot verify that a lump sum distribution was made due to disability, you should contact the IRS directly to apply for this exception.) The 10% federal penalty tax will be waived when a lump sum distribution is made because of your separation from service as a safety member providing police protection, firefighting service or emergency medical service. The separation of service must have occurred during or after the calendar year in which you attained age 50.

**FIVE-YEAR AND TEN-YEAR AVERAGING/CAPITAL GAIN** – If you receive a lump sum distribution after you are age 59 ½, you may be able to make a one-time election to figure the tax on the payment by using “**5-year averaging**”. To qualify for 5-year averaging, you must be at least 59 ½ and have participated in CalPERS (the plan making the distribution) for no less than 5 years before the year the distribution is made.

If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using “**10-year averaging**” (using 1986 tax rates). Only one election is available to an individual, and if made, eliminates the ability to elect 5-year averaging and capital gain treatment after attaining age 59 ½. However, any 10-year averaging election made prior to January 1, 1987, and before attaining age 59 ½, does not count toward your one election.

If you were born prior to January 1, 1936 and you receive a lump sum distribution, any pre-1974 CalPERS contributions you paid (if applicable) may be taxed as long-term “**capital gain**” at the rate of 20%.

**CALIFORNIA STATE TAX WITHHOLDING** – If you elect to receive a lump sum distribution of your contributions, California state income tax withholding is optional. State tax, if withheld, is 2% of the taxable portion of the refund. An individual also has the right to revoke or change their choice prior to the mailing of their warrant.

For those California residents who do not make a choice, 2% will be **automatically** withheld for state tax.

For individuals **who reside outside of California**, no state tax will be withheld unless specifically requested. Please be aware that you may still owe California state taxes.

Publications are available from the Internal Revenue Service which provides specific information on special tax treatment on lump sum distributions. If you have state tax liability questions, contact the California Franchise Tax Board.



# Instructions for Election to Coordinate Retirement When Changing Retirement Systems

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Reply To: Section 841

## Requirement for Changing Retirement Systems

CalPERS has agreements with many counties and other public agencies with local independent retirement systems which permit movement from public employer to public employer within a specific time period without loss of retirement rights. This is called "reciprocity". CalPERS also has "non-reciprocal" agreements with State Teachers' Retirement System (CalSTRS); Legislators' Retirement System (LRS); Judges' Retirement System (JRS) and Judges' Retirement System II (JRS II) that provide similar benefits, although there is no reciprocity between the systems. (See the enclosed Non-Reciprocal Public Retirement Systems form.)

The following public retirement systems in California have entered into an agreement with CalPERS for "reciprocity":

### Counties of:

Alameda	Contra Costa	Fresno	Imperial
Kern	Los Angeles	Marin	Mendocino
Merced	Orange	Sacramento	San Bernardino
San Diego	San Joaquin	Santa Barbara	San Mateo
Stanislaus	Sonoma	Tulare	Ventura

### Cities of:

Concord*	Costa Mesa (safety only)*	Fresno
Oakland (non-safety only)	Pasadena	San Clemente (non-safety only)*
Sacramento*	San Diego	San Jose

### and:

City and County of San Francisco*	Contra Costa Water District
CA Admin. Services Authority	East Bay Municipal Utility District
East Bay Regional Park District	Long Beach Schools Business Mgt System
Los Angeles City Retirement System	Los Angeles Co Metro Transportation Authority
Retirement Plan (UCRP) University of California	San Luis Obispo County

\* These entities are now CalPERS-covered employers. If you earned service credit in these systems prior to their CalPERS contract, you may be eligible for reciprocity for that earlier service credit.

## Advantages of Establishing Reciprocity

**Final Compensation Exchange:** Your CalPERS benefits will be computed using the highest final compensation (average salary) earned under either system. **You must retire from both Systems on the same date and identify the other retirement system on your application.**

**Minimum Service Requirements:** Your service credit under both systems will be considered to determine eligibility for benefits under both systems. You must attain CalPERS minimum retirement age before you can receive a benefit from our System.

**Disability Retirement:** If you qualify for a disability retirement from the other system, you will also receive an allowance from CalPERS providing you retire from both systems on the same day.

**Basic Death Benefit:** CalPERS always pays at least the amount of your retirement contributions.

**Employee Contribution Rate:** If a variable contribution rate based on age applies, your age at entry into CalPERS may allow you a lower rate in the other system.

### In order to establish reciprocity between CalPERS and the other system, you must:

- 1) Leave CalPERS covered employment and join a reciprocal system within six months of separation.
- 2) Leave your CalPERS contributions on deposit; do not elect a refund or rollover payment.
- 3) Inform CalPERS of the name of the public agency for which you will be employed.



# Election to Coordinate Retirement When Changing Retirement Systems

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

## Section 1

### Member Information

Please complete and return  
to CalPERS with a copy  
sent to your new  
retirement system.

_____		_____ - _____	
Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
_____	(____)	(____)	_____
Birthdate (mm/dd/yyyy)	Daytime Phone	Evening Phone	
_____			
Address			
_____	_____		_____
City	State	ZIP	

## Section 2

### Retirement System You Are Leaving

_____	_____
Name of Retirement System	Date of Separation (mm/dd/yyyy)

## Section 3

### Retirement System You Are Entering

_____	_____
Name of Retirement System	Date of Entry (mm/dd/yyyy)

## Section 4

### Member Signature

I understand that by accepting employment in a specific retirement system, I am subject to the laws and regulations administered by that system. I understand that in order to retain the benefits of reciprocity, my contributions may not be withdrawn while I am in employment as a member of JRS, JRS II, LRS, CalSTRS, UCRP, or while I am in employment entered within six months of a system covered under the County Employees' Retirement Law of 1937 or a public agency retirement system listed in this booklet. Furthermore, this information may be shared with the other retirement system.

Upon signing and returning this document, I am electing to establish reciprocity rights between retirement systems, where applicable.

_____	_____
Signature	Date (mm/dd/yyyy)

Mail to:

CalPERS Member Services Division • P.O. Box 942704, Sacramento, California 94229-2704



# Election to Coordinate Retirement When Changing to Non-Reciprocal Public Retirement Systems

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

## Section 1

Reply To: Section 841

### Requirements for Non-Reciprocal Public Retirement System

**There is no formal reciprocity agreement established between CalPERS and the following systems:**

- State Teachers' Retirement System (CalSTRS)
- Legislators' Retirement System (LRS)
- Judges' Retirement System (JRS)\*
- Judges' Retirement System II (JRS II)\*

**However, if you enter employment under CalSTRS, LRS, JRS or JRS II the following will apply:**

- Your CalPERS benefits will be computed using the highest final compensation (average salary) earned under either system. **You must retire from both Systems on the same date and identify the other retirement system on your application.**

**Note:** Under JRS and JRS II, this will apply provided that the period intervening between active membership does not exceed 90 days if last employed with JRS/JRSII or six months if last employed with CalPERS.

- While you are in service as a member of CalSTRS, LRS, JRS or JRS II, you may retire from CalPERS without meeting CalPERS minimum service credit requirement. However, you must attain CalPERS' minimum age requirement before you can receive a benefit from our System. Also, you may not withdraw your CalPERS contributions while you are an active member of CalSTRS, LRS, JRS or JRS II.
- You may redeposit contributions you previously withdrew from CalPERS.

I have read the information provided above. I elect to continue my membership in CalPERS and leave my contributions on deposit because I am accepting employment in which I will be a member of the statewide retirement system indicated below. I further understand that once I have elected to continue my membership in CalPERS, I may not withdraw my CalPERS contributions while I am an active member with CalSTRS, LRS, JRS or JRSII.

_____		_____	
Signature		Date (mm/dd/yyyy)	
_____			
Print Name			
_____		_____	
Member Address	City	State	ZIP
_____		_____	
Other Retirement System		Social Security Number	

Mail to:

CalPERS Member Services Division • P.O. Box 942704, Sacramento, California 94229-2704



# Refund Election Form

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

## Section 1

### Member Information

Reply To: Section 445

Name (First Name, Middle Initial, Last Name) Social Security Number

Address

A rollover to CalPERS from your Alternate Retirement Plan administered by Department of Personnel Administration will not be allowed if your CalPERS account has been refunded.

If you wish to elect a refund, please complete and sign this form in the presence of a notary public or CalPERS employee. **If you are married or have a registered domestic partner, your spouse or registered domestic partner must also sign this form or it will be returned to you. If you cannot obtain your spouse's or registered domestic partner's signature, then the "Justification for Non Signature of Spouse or Registered Domestic Partner" form must accompany this election form.** You may not elect a refund if you have been or will be re-employed with another CalPERS covered employer, or if you are establishing reciprocity with another California public retirement system.

## Section 2

### Refund Election Waiver of Rights

**Please read and sign the following waiver of rights statement. No refund will be processed without your signature.**

I am aware of my service and disability retirement rights under CalPERS. I have read the description of my rights, and the benefit calculation formula and table, set forth in the CalPERS member booklet for my specific classification. Despite my knowledge of these facts, **I hereby waive all rights and understand that by requesting a refund, I am forfeiting all future retirement benefits.**

I elect to receive a refund of my retirement contributions and interest which will terminate my CalPERS membership.

**In signing this form I understand this decision is irrevocable.**

Member Signature Date (mm/dd/yyyy)

## Section 3

### State Tax Withholding

All Members

Yes – I elect to have 2% of the taxable portion withheld for state income tax.

No – Do not withhold state income tax.

**Note: If you do not check one of the above choices, state tax withholding will automatically be deducted.**

## Section 4

### Federal Tax Withholding

Federal Tax withholding for members electing a refund on or after April 1st of the calendar year following age 70½ :

Yes – I elect to have 10% federal income tax withheld from the taxable portion of the refund.

No – Do not withhold federal income tax.

**Note: Federal tax withholding 20% is mandatory for members younger than 70½.**

Put your name and Social Security number at the top of every page.

\_\_\_\_\_  
Your Name \_\_\_\_\_-\_\_\_\_\_  
Social Security Number

**Section 5**

**Notarized Signature(s) Required**

You and your spouse/registered domestic partner must sign this form in the presence of a notary public or authorized employee of CalPERS.

\_\_\_\_\_  
Member Signature (      )  
Daytime Phone \_\_\_\_\_  
Date (mm/dd/yyyy)

**Spouse or registered domestic partner signature:** By signing this form, I acknowledge my spouse's/ registered domestic partner's request for a refund.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date (mm/dd/yyyy)

**If no spouse / registered domestic partner signature, check below if the following applies to you:**

I am not legally married or do not have a registered domestic partner.

You and your spouse/registered domestic partner must sign this form in the presence of a notary public or authorized employee of CalPERS.

**State of California**

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date (mm/dd/yyyy) Name & Title of Officer or CalPERS Representative

personally appeared \_\_\_\_\_,  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**Notary Seal**

**Witness my hand and official seal or authorized CalPERS representative's signature.**

\_\_\_\_\_  
Representative's Signature \_\_\_\_\_  
Position Title \_\_\_\_\_  
Date (mm/dd/yyyy)



# Rollover Election Form Under Age 70½

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

## Section 1

### Member Information

Reply To: Section 445

\_\_\_\_\_  
Name (First Name, Middle Initial, Last Name) Social Security Number

\_\_\_\_\_  
Address

A rollover to CalPERS from your Alternate Retirement Plan administered by Department of Personnel Administration will not be allowed if your CalPERS account has been refunded.

If you wish to elect a refund as a direct rollover, please complete and sign this form in the presence of a notary public or CalPERS Employee. **If you are married or have a registered domestic partner, your spouse or registered domestic partner must also sign this form or it will be returned to you. If you cannot obtain your spouse's or registered domestic partner's signature, then the "Justification for Non Signature of Spouse or Registered Domestic Partner" form must accompany this election form.** You may not elect a refund if you have been or will be re-employed with another CalPERS covered employer, or if you are establishing reciprocity with another California public retirement system.

## Section 2

### Rollover Election Waiver of Rights

**Please read and sign the following waiver of rights statement. No rollover refund will be processed without your signature.**

I am aware of my service and disability retirement rights under CalPERS. I have read the description of my rights, and the benefit calculation formula and table, set forth in the CalPERS member booklet for my specific classification. Despite my knowledge of these facts, **I hereby waive all rights and understand that by requesting a refund, I am forfeiting all future retirement benefits.**

I elect to receive a refund as a direct rollover of the taxable portion of my contributions and interest which will terminate my CalPERS membership.

**In signing this form I understand this decision is irrevocable.**

\_\_\_\_\_  
Member Signature Date (mm/dd/yyyy)

## Section 3

### Rollover Information

**Direct rollover financial institution information** – Do not submit a transfer form from your financial institution in lieu of this completed form.  IRA  Other eligible retirement plan

\_\_\_\_\_  
Name of Institution / Plan Account or Contract Number

## Section 4

### Notarized Signature(s) Required

You and your spouse/registered domestic partner must sign this form in the presence of a notary public or authorized employee of CalPERS.

Your signature below certifies that the plan is eligible under the provisions of the Internal Revenue Code to accept a direct rollover.

\_\_\_\_\_  
Member Signature ( ) Daytime Phone Date (mm/dd/yyyy)

**Spouse/registered domestic partner signature:** By signing this form, I acknowledge my spouse's/registered domestic partner's request for a refund.

\_\_\_\_\_  
Spouse / Registered Domestic Partner Signature Date (mm/dd/yyyy)

**If no spouse or registered domestic partner signature, please check below if the following applies:**

I am not legally married or do not have a registered domestic partner

Put your name and Social Security number at the top of every page.

Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Section 4 (continued)**

**Notarized Signature(s) Required (continued)**

You and your spouse/ registered domestic partner must sign this form in the presence of a notary public or authorized employee of CalPERS.

**State of California**

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date (mm/dd/yyyy) Name & Title of Officer or CalPERS Representative

personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**Notary Seal**

**Witness my hand and official seal or authorized CalPERS representative's signature.**

Representative's Signature \_\_\_\_\_ Position Title \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_



# Justification For Non Signature of Spouse or Registered Domestic Partner

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

## Section 1

This form must be completed if you have a spouse or registered domestic partner who did not sign your refund/rollover election document.

## Requirement for Non Signature

Pursuant to Government Code section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for death benefits.

If a spouse or registered domestic partner's signature does not appear on one of the above-named documents, the following information **must** be completed and submitted **with** the document.

<hr/> <small>Name (First Name, Middle Initial, Last Name)</small>	<hr/> <small>Social Security Number</small>
<b>Application Submitted:</b>	
<input type="checkbox"/> Refund Election Form (BAS-438T) <input type="checkbox"/> Rollover Election Form (BAS-438R) <input type="checkbox"/> Required Minimum Distribution Refund Election Form (PERS01M0041DMC) <b>or</b> <input type="checkbox"/> Rollover Form (PERS01M0042DMC)	
<input type="checkbox"/> Terminating Agency Rollover Election Form <input type="checkbox"/> Terminating Agency Refund Election Form	

- My spouse or registered domestic partner did not sign the form because either:
- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or,**
  - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **or,**
  - My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **or,**
  - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or,**
  - My spouse or registered domestic partner and I have executed a spousal or domestic partner settlement arrangement which makes the community property law inapplicable.

**I certify under penalty of perjury that the foregoing information is true and correct.**

<hr/> <small>Member Signature</small>	<hr/> <small>Date (mm/dd/yyyy)</small>
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For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

## Collection and Access Information

Submission of the requested information is mandatory. The information is collected pursuant to Government Code (sections 20000, et seq.) and will be used for administration of the Boards' duties under the Retirement Law, Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System.

For answers to your questions concerning a refund of your contributions, please contact the CalPERS Refunds Section, PO Box 942711, Sacramento, CA 94229-2711 or call toll-free at **888 CalPERS** (or **888-225-7377**).

**Mail to:**

**CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711**