

Cash Balance Benefit Program:

A Retirement Plan for Part-Time and Adjunct Educators



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Your Future Guaranteed by a Sound, Secure System

As a part-time or adjunct educator, you can choose the CalSTRS Defined Benefit Program, or an alternative retirement plan like the CalSTRS Cash Balance Benefit Program, depending on your employer.

CalSTRS also offers a voluntary defined contribution plan called CalSTRS Pension2®, which offers 403(b), Roth 403(b) and 457 investment plans for additional retirement income.

Established in 1913, CalSTRS is the largest teachers' pension fund in the U.S. It provides retirement, disability and survivor benefits to California's public school educators and their families.

Your income in retirement is a shared responsibility between CalSTRS and you.

Choose a Plan That Works for You

Choose the CalSTRS Defined Benefit Program if you:

- Plan to work as a California educator long enough to become vested (five years of service credit). This could take up to 10 years of half-time employment.
- Want a monthly benefit that provides a specific amount that is known in advance and payable for life, and that's not based on the amount of funds in your account.
- Are comfortable contributing 8 percent of your pay toward your retirement.

Choose the Cash Balance Benefit Program if you:

- Want a program that provides immediate vesting.
- Want a lump-sum payment or lifetime monthly benefit based on contributions credited to your account with a guaranteed interest rate.
- Are comfortable with the contribution rate, which is typically 4 percent of your earnings, depending on your local bargaining agreement.

Questions to Ask

If your employer offers an alternative program other than the Cash Balance Benefit Program, ask:

- | | |
|---|---|
| <ul style="list-style-type: none">• Do you plan to be a career educator?• Does teaching provide supplemental income or is it your primary source of income?• Before teaching, did you have employment that required you to pay into Social Security?• What is the contribution rate for the plan and does your employer also make contributions?• Is there a minimum requirement to be eligible for benefits? | <ul style="list-style-type: none">• Does the plan offer a monthly retirement benefit for life, or is it a non-lifetime benefit based on contributions and interest?• Does the plan charge administrative fees?• Is there a guaranteed annual interest rate?• Does the plan have a sound investment record?• When does the plan permit distribution of your account? |
|---|---|

Why Add the Cash Balance Benefit Program to Your Retirement Planning?

You may have a retirement goal, but reaching it requires many resources. The Cash Balance Benefit Program should be viewed as one facet in a multi-faceted retirement plan. The plan is simple, freeing up your time and giving you peace of mind because you have secured a portion of your retirement.

The Cash Balance Benefit Program is composed of:

- A small portion of your earnings, tax deferred.
- Your employer's contributions.
- Compounded interest on the full amount.
- Occasional additional earnings credits.
- A guaranteed rate of return.

The Cash Balance Benefit Program should be viewed as one facet in a multi-faceted retirement plan.



Understand the Cash Balance Benefit Program

You have needs that differ from those of full-time educators. We understand this and designed the Cash Balance Benefit Program with you in mind.

Eligibility

Your district must decide formally if it will offer the Cash Balance Benefit Program as an alternative program. Cash Balance may be offered exclusively or along with other retirement programs or Social Security. Eligibility depends on your basis of employment, not the actual hours you work.

The Cash Balance Benefit Program is available to:

- PreK–12 part-time teachers who:
 - » Are employed for less than 50 percent of each full-time position.
 - » Signed a district contract for less than a 50-percent commitment.
- Community college employees who:
 - » Are part-time or temporary instructors or adult education instructors.
 - » Are adjunct or hourly faculty members hired semester to semester to work 67 percent or less of the weekly hours required for a full-time assignment. If an annual district contract is signed, it must be for no more than a 67-percent time commitment for each full-time position.
- Individuals who serve as trustees for an employer that offers the Cash Balance Benefit Program.

New Hires or Educators Not in the Defined Benefit Program

If you are newly hired or you are not a member of the Defined Benefit Program and your employer offers an alternative retirement plan in addition to the Cash Balance Benefit Program, you must formally elect a plan within 60 days of becoming employed in a CalSTRS-covered position.

If you do not make a choice, you automatically become a Cash Balance Benefit Program participant. If you choose an alternative retirement plan or Social Security, you can elect to switch to the Cash Balance Benefit Program at any time, as long as the program is offered by your employer and you are eligible to participate. Also, you can choose membership in the Defined Benefit Program at any time.

Current Defined Benefit Program Members

For current Defined Benefit Program members who are eligible for the Cash Balance Benefit Program, once your district offers the Cash Balance Benefit Program, you have 60 days to decide which program you prefer. If you are a part-time employee in the Defined Benefit Program and teach part time for more than one district, you can choose the Cash Balance Benefit Program with any new employer that offers it.

If you do not make a choice, you automatically continue with the Defined Benefit Program.

End of Eligibility

Your Cash Balance Benefit Program eligibility ends with your employer when any of the following occurs:

- You accept a position via written contract or employment agreement on the basis of:
 - » A 50 percent or more time commitment of a full-time equivalent position with a K–12 school district.
 - » More than a 67-percent time commitment of a full-time equivalent position with a community college district.
- You work in a full-time position performing creditable service for your employer.
- You elect the Defined Benefit Program with your employer.

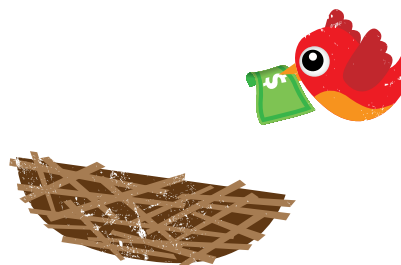
If you retire from the Defined Benefit Program, you cannot contribute to the Cash Balance Benefit Program.

Your Contributions

With the Cash Balance Benefit Program, your employer matches your contribution at least dollar for dollar. Typically, you contribute 4 percent of your salary and so does your district. This combined contribution usually will total 8 percent.

Alternative rates may be set, depending on your collective bargaining agreement, but your employer must contribute at least 4 percent, and the combined contribution must total at least 8 percent. For example, in some school districts, participants pay 3 percent and districts pay 5 percent.

Your contributions are made on a pre-tax basis, reducing the amount of your taxable income.



Guaranteed Interest Rate

Your contributions and your employer's contributions earn a guaranteed interest rate. The current rate is 3.75 percent through June 30, 2013. The interest rate is set annually by the Teachers' Retirement Board and is based on the 12-month average of the 30-year U.S. Treasury rate.

At the end of each fiscal year, the Teachers' Retirement Board may credit your account with additional earnings credits if the actual earnings exceed the board-set interest rate.

Rollovers Into Cash Balance

You may roll over funds from other qualified retirement plans to the Cash Balance Benefit Program, as long as the transfers meet federal and state laws.

Your Retirement Benefit

You have an immediate vested right to your retirement benefit, equal to the balance of your contributions and your employers'

contributions plus any compounded interest and additional credits.

Retirement Eligibility

You may retire as early as age 55. You must terminate all CalSTRS creditable service to apply for a retirement benefit. You must take a distribution of your retirement benefit by age 70½, unless you are still working.

Annuities

You can receive your retirement funds as a lump-sum payment, which may be rolled over into a qualified retirement plan, or as an annuity if you have an account balance of \$3,500 or more when you retire.

You can choose one of five annuities:

- Participant-Only Annuity
- 100% Beneficiary Annuity
- 75% Beneficiary Annuity
- 50% Beneficiary Annuity
- Period-Certain Annuity 3–10 Years



You can receive your retirement funds as a lump-sum payment, which may be rolled over into a qualified retirement plan, or as an annuity if you have an account balance of \$3,500 or more when you retire.

Early Withdrawals

CalSTRS is required to withhold 20 percent federal income tax on all rollover-eligible payments distributed directly to you. If you choose to have state income tax withheld, CalSTRS will withhold at 10 percent of your federal withholding, or 2 percent. You may be subject to an additional 10 percent federal and 2.5 percent state tax if you take an early withdrawal before age 59½ and do not roll over the funds to another eligible retirement plan.

Working After Retirement

You may return to work in a CalSTRS-covered position, but you cannot make contributions to a CalSTRS plan.

Separation-From-Service Requirement

If you are under age 60 and return to work in a CalSTRS-covered position while receiving a Cash Balance annuity, your annuity will be reduced dollar for dollar by

the amount earned during the first 180 days after retirement or until your 60th birthday, whichever comes first.

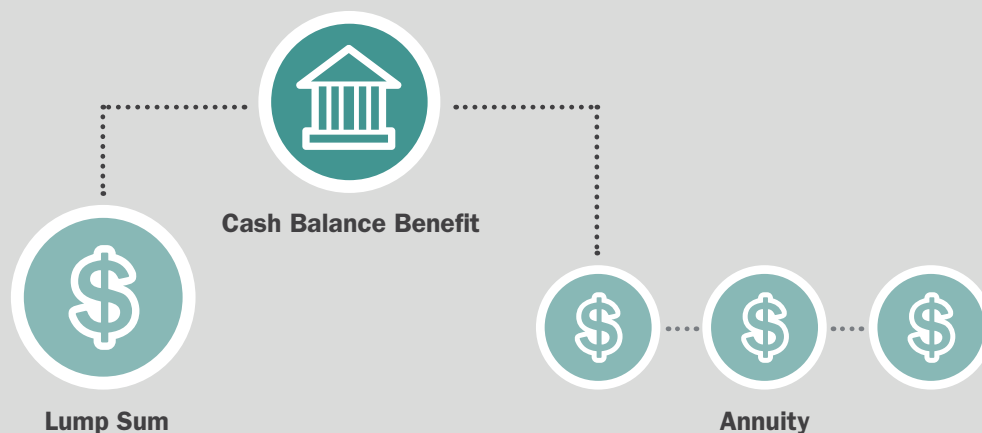
Reinstatement From Retirement

Cash Balance annuitants are not required to reinstate to perform CalSTRS-covered duties.

If you return to work and perform creditable service while receiving a Cash Balance annuity, you may voluntarily terminate your annuity and make contributions to CalSTRS, as long as you are age 60 or older and have received your annuity for at least one year. A credit balance will be added to your account.

To terminate your Cash Balance annuity, send a written request to CalSTRS.

When you are ready to retire again, you must reapply for retirement.



Disability Benefit

You may apply for disability at any time. You must meet all disability benefit requirements, and CalSTRS must determine that you have a total and permanent disability. All creditable service subject to coverage by the Cash Balance Benefit Program and Defined Benefit Program must be terminated before receiving a disability benefit.

The benefit amount is equal to the balance of your contributions and your employers' contributions plus any compounded interest and additional credits. The benefit is distributed as a lump-sum payment, or you can choose an annuity if the balance is \$3,500 or more.

Death Benefit

If you die before retirement, the balance of your contributions and your employers' contributions plus any compounded interest and additional credits will be paid to your designated recipient. The benefit is

distributed as a lump-sum payment, or your beneficiary can choose an annuity if the balance is \$3,500 or more.

If you did not designate a recipient, a lump-sum payment will be paid to your estate.

Reporting a Death

Contact CalSTRS as soon as possible to notify us of the death of a Cash Balance Benefit Program recipient. You can report a death online at CalSTRS.com/contactus (select *Notification of Death*).

We will need the following information:

- Deceased person's name and Social Security number or Client ID.
- Date of death.
- Deceased person's status immediately preceding death: retired, disabled, a member in active teaching status, option beneficiary or other benefit recipient.
- Name, address and telephone number of a contact person.



Termination Benefit (Refund)

If you end all CalSTRS creditable service subject to coverage by the Cash Balance Benefit Program and the Defined Benefit Program for any reason other than death, disability or retirement, you may apply for a lump-sum termination benefit. The benefit amount is equal to the balance of your contributions and your employers' contributions plus any compounded interest and additional credits as of the date the benefit is paid.

Five-Year Rule

You may not apply for a termination benefit if fewer than five years have elapsed following the date that the most recent termination benefit was distributed to you.

Waiting Period

The termination benefit is payable after six consecutive months following the date of termination of employment. The application for the termination benefit will be automatically canceled if you perform creditable service within six months following the date of termination of employment.



Evaluate the Experiences of Other Educators



Maria Makes a Choice Early in Her Career

Just starting out as a part-time third-grade teacher, Maria, age 28, hopes to move on to a full-time position. She knows she should save for retirement while she is young, but money is tight. Maria likes the security and stability that CalSTRS offers through its Defined Benefit Program. At the same time, however, it will take her many years to qualify for the Defined Benefit Program benefits. Plus, she'll have to contribute 8 percent of her salary.

As Maria reviews both the Cash Balance and Defined Benefit programs, she notes that Cash Balance offers CalSTRS sound financial history and requires a 4 percent salary contribution matched by her district.

If Maria attains her career goal of full-time teaching, she automatically becomes a member of the Defined Benefit Program and she can choose how her Cash Balance funds are used. They can remain secure in her Cash Balance account, accumulating interest without fees, until she retires or terminates all creditable service, or she may purchase Defined Benefit Program service credit for eligible service covered under the Cash Balance program if she no longer is performing service under the Cash Balance Benefit Program.



Kevin Considers a Change to Cash Balance

Kevin, age 53, is an adjunct community college instructor who has belonged to the Defined Benefit Program for five years. He earns just 0.4 years of service credit annually. He won't be vested in the Defined Benefit Program and qualify for a monthly benefit until he has five years of service credit. As part-time faculty, putting 8 percent of his earnings in the Defined Benefit Program, it will take another seven-and-a-half years of earned service credit before he is vested. He'd like to retire before this, but without being vested in the Defined Benefit Program, he would receive only a lump-sum payment equal to his contributions and interest, but not his employers' contributions.

If, however, Kevin elects the Cash Balance Benefit Program when his district offers it, his contribution is reduced to 4 percent or less of his earnings and is matched by his employer. Immediately vested, Kevin can maintain this contribution for five years, keep teaching at the same level, and see his investment and interest grow. With at least \$3,500 in his Cash Balance account, he can choose one of five annuities, three of which are beneficiary annuities.

At retirement, Kevin receives a lump-sum benefit from his earlier Defined Benefit Program contributions, plus his monthly Cash Balance payment. If he dies after choosing a survivor annuity, his designated beneficiary will receive a monthly payment for life.



How Do I Know If This Is the Best Program for Me?

Q & A About the Cash Balance Benefit Program

Can I easily move my funds to another retirement plan?

Yes, if you quit teaching or retire, you can roll over your funds into another qualified retirement plan. Any funds remaining in your Cash Balance Benefit Program account will continue to grow, tax deferred.

What if I begin teaching full time?

You automatically become a member of the Defined Benefit Program and can choose how your Cash Balance Benefit Program funds are used. The funds remain secure in your Cash Balance Benefit Program account, accumulating interest without fees, until you retire or terminate all creditable service. Or you can choose to convert your eligible Cash Balance Benefit service covered under the Cash Balance Benefit Program to Defined Benefit Program service credit. You may request a consolidation if you are a contributing Defined Benefit Program member and no longer perform service under the Cash Balance Benefit Program.

Can I remain in the program if I'm hired by an employer who doesn't offer it?

Yes, you can keep your Cash Balance Benefit account with your current district even if you are hired by another district not offering the Cash Balance Benefit Program, but you cannot make contributions from your new employment. The contributions remain secure in your Cash Balance Benefit Program account, accumulating interest without fees, until you retire or terminate all creditable service.

Does the Cash Balance Benefit Program affect any Social Security benefits I have earned?

If you perform work not covered by Social Security but covered by an alternative retirement plan such as the Cash Balance Benefit Program, the Social Security benefits you receive for your work or as a spouse may be reduced. For more information, see the *Social Security, CalSTRS and You* fact sheet at CalSTRS.com/publications or contact the Social Security Administration at socialsecurity.gov or 800-772-1213.

The Extras You Get With CalSTRS

As a participant in the CalSTRS Cash Balance Benefit Program, you are eligible to receive a wide range of services available to all CalSTRS members.

CalSTRS Pension2

Pension2 is CalSTRS voluntary defined contribution plan, which offers 403(b), Roth 403(b) and 457 investment plans with low fees and expenses for additional retirement savings.

You can choose an Easy Choice Portfolio—designed to match your risk tolerance with your time horizon—or build your own from more than 20 professionally selected investments. For more information, call 888-394-2060 or visit Pension2.com.

- **Pension2.com**
Learn more about Pension2 plans and low fees.
- **yourplan.CalSTRS.com**
Find complete information about the plans offered by your employer.
- **403bCompare.com**
Compare fees charged by different mutual funds and insurance products.

Retirement Progress Report

You will have a CalSTRS account and receive an annual statement in your *Retirement Progress Report* each year showing the balances of your contributions, your employers' contributions and interest credited to your account.



CalSTRS Connections Newsletter

This twice-a-year newsletter provides information about CalSTRS programs and services, retirement and financial planning, legislative news and more. Mailed or emailed directly to you, *CalSTRS Connections* often contains information pertaining to part-time or adjunct educators.



CalSTRS Workshops

CalSTRS offers regional workshops and group counseling sessions for each stage of your career. For more information, visit CalSTRS.com/workshops.



CalSTRS Customer Service

CalSTRS trained staff will answer your emails, telephone calls and written inquiries.

You can email from CalSTRS.com/contactus or call 800-228-5453. You can write to CalSTRS at P.O. Box 15275, Sacramento, CA 95851. Please include your name, current address, daytime telephone number and Client ID.



myCalSTRS

myCalSTRS at CalSTRS.com is your online resource for managing your personal information, with secure and convenient access to your CalSTRS accounts and forms.



CalSTRS.com

Find out more information about CalSTRS benefits and services, workshops, publications, videos, forms and more at CalSTRS.com.

Stay Connected





Cash Balance Forms

The following pages contain the forms you need to begin your participation in the Cash Balance Benefit Program.

- Employee Notification and Election
- Rollover Certification
- Recipient Designation
- Trust as Named Beneficiary
- Justification for Non-Signature of Spouse or Registered Domestic Partner

Cash Balance Benefit Program

Employee Notification and Election—Instructions

CB 533 rev 8/12

- Complete the *Employee Notification and Election* form to elect membership in the CalSTRS Cash Balance Benefit Program.
- Print clearly in dark ink or type all information requested.
- If you make a mistake, initial corrections or complete a new form.
- Sign and date the form.
- In order for your election to be processed, this form must be submitted to your district office on or before the date specified by your employer. Keep copies for your records.
- If your employer offers Social Security or an alternative retirement plan and you do not elect to continue coverage in one of these plans, you will automatically become a participant of the Cash Balance Benefit Program.

QUESTIONS

Contact us from your *myCalSTRS* account or at CalSTRS.com/contactus or call 800-228-5453.

This form is available at CalSTRS.com/forms.

Return your completed form to:

CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275

ELIGIBILITY OVERVIEW

The Cash Balance Benefit Program is an optional program for school districts, community college districts or county offices of education as an alternative retirement plan for part-time employees. Employers must first elect to provide the Cash Balance Benefit Program.

If an employer elects to provide the Cash Balance Benefit Program, it must be available to all employees who are hired to perform creditable service by a:

- 1) school district or county office of education, on an hourly or daily basis, or employed or contracted for less than 50 percent for each full-time position; or
- 2) community college district, on a part-time or temporary basis (semester to semester), or for not more than 67 percent of the hours per week considered a regular full-time assignment; or
- 3) governing body of an employer, as a trustee member.

The basis of employment determines an employee's eligibility to participate in the Cash Balance Benefit Program, not the actual number of hours or days worked or the aggregation of contracted positions.

Your employer will provide you with materials along with this form describing both the CalSTRS Cash Balance Benefit Program and the CalSTRS Defined Benefit Program.

If you are a current member of the CalSTRS Defined Benefit Program, you will have a 60-day election period, determined by your employer, in which to notify your district office of your election choice. Refer to section 2 of this form for your election rights.

If you are an employee new to CalSTRS, or an employee contributing to Social Security or another retirement plan offered by your employer, except for the CalSTRS Defined Benefit Program, refer to section 3 of this form for your election rights.

If you have any questions concerning your eligibility for this election, contact your employer.

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Cash Balance Benefit Program Employee Notification and Election

CB 533 rev 8/12

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Please read instructions on the previous page before completing this form.

This document must be completed and returned to your employer within the 60-day election period defined by your employer. Your employer must keep a copy of this document on file and mail the original to CalSTRS.

Section 1: Employee Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

()

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

SCHOOL DISTRICT NAME

Section 2: For Employees Currently Members of the CalSTRS Defined Benefit Program

As a current CalSTRS Defined Benefit Program member, you are eligible to participate in the Cash Balance Benefit Program if you are employed to perform creditable service by one of the following:

- School district or county office of education on an hourly or daily basis, or contracted for less than 50 percent for each full-time position.
- Community college district on a part-time or temporary basis (semester to semester), or for not more than 67 percent of the hours per week considered a regular full-time assignment.
- Governing body of an employer as a trustee member.

You will retain your Defined Benefit Program membership with your employer unless you elect the CalSTRS Cash Balance Benefit Program using this document, within the election period identified by your employer.

ELECTION CHOICE

- ☐ I am currently a member of the CalSTRS Defined Benefit Program and hereby elect to participate in the CalSTRS Cash Balance Benefit Program for service performed with this employer only.
- ☐ I am currently a member of the CalSTRS Defined Benefit Program and hereby waive my right to participate in the CalSTRS Cash Balance Benefit program with this employer only.



CB533

Section 3: For Employees Not Currently Members of the CalSTRS Defined Benefit Program

You may elect an alternative retirement plan other than the CalSTRS Cash Balance Benefit Program if one is offered by your employer. The 60-day election period is your only opportunity to choose an alternative plan other than the Cash Balance Benefit Program. Once the election period expires, and if you become a Cash Balance Benefit Program participant, you will not be allowed to change to a different alternative plan. However, if you choose an alternative plan other than the Cash Balance Benefit Program, you may elect the Cash Balance Benefit Program at any time. If your employer subsequently offers Social Security, you may opt out of the Cash Balance Benefit Program and into Social Security at that time.

If you do not return this form to your employer with an election choice, you will automatically default into the Cash Balance Benefit Program. At any time during your participation in the Cash Balance Benefit Program or other alternative retirement plan, you may elect the CalSTRS Defined Benefit Program.

ELECTION CHOICE

- ☐ I elect Cash Balance Benefit Program coverage and understand contributions will be immediately deducted from my first paycheck.
- ☐ My employer offers and I elect Social Security coverage.
- ☐ My employer offers and I elect the alternative retirement plan coverage indicated below.

NAME OF PLAN OFFERED BY EMPLOYER _____

If your employer offers an alternative retirement plan, your employer is required to notify you of your right to elect such alternative plans pursuant to Education Code section 26300.

Section 4: Certification

This document must be properly completed and returned to your district office within 60 days.

I, _____ have read and understand the information describing the Cash Balance Benefit Program and made the election indicated. If I have elected the Cash Balance Benefit Program, then I hereby certify I understand that while working for this employer in an eligible position, I will remain in the Cash Balance Benefit Program unless my employer elects to discontinue the Cash Balance Benefit Program, or I terminate all employment covered by the Cash Balance Benefit Program. I further understand that I may elect at any time to become a member of the CalSTRS Defined Benefit Program. I have received information on both of these CalSTRS programs.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



EMPLOYEE SIGNATURE _____

DATE (MM/DD/YYYY) _____

The employer's signature on this document certifies that the employee has been provided with a CalSTRS Cash Balance Benefit Program election package, as well as the CalSTRS *Member Handbook*.



SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE _____

DATE (MM/DD/YYYY) _____

Cash Balance Benefit Program

Rollover Certification—Instructions

AR 261 rev 8/12

GENERAL INFORMATION

Under federal law, CalSTRS can accept rollovers from 401(a), 401(k), 403(b) and 457 plans and traditional or conduit IRAs.

A conduit IRA is an IRA that holds only assets that are attributable to a distribution that was rolled over from a qualified retirement plan.

If funds will be rolled over from more than one qualified retirement plan, a *Cash Balance Rollover Certification* must be completed for the distribution from each plan.

A rollover must comply with applicable state and federal laws and related regulations. CalSTRS suggests you contact the IRS and another qualified tax consultant for advice before submitting a *Cash Balance Rollover Certification*.

CalSTRS must receive a properly executed *Cash Balance Rollover Certification* before the rollover distribution can be accepted.

Return the completed *Cash Balance Rollover Certification* form to:

CalSTRS
P.O. Box 15275, MS 11
Sacramento, CA 95851-0275

Cash Balance Benefit Program Rollover Certification

AR 261 rev 8/12

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 11
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Please read instructions on the previous page before completing this form.

Complete this form to request that CalSTRS accept a rollover to your Cash Balance Benefit Program employee account. A copy of this form is required for each distribution from each plan or financial institution from which you wish to roll over funds. *Please mail the completed form to the address above.*

I request that CalSTRS accept a rollover of pre-tax (tax-deferred) funds from another plan to the CalSTRS Cash Balance Benefit Program. I understand that CalSTRS cannot accept rollover of post-tax (not tax-deferred) funds.

☐ Full Surrender Value (total amount in fund); estimated account balance is \$ _____

OR

☐ Exact Dollar Amount of \$ _____

The type of plan from which I wish to roll over funds is:

☐ 401(a) ☐ 401(k) ☐ 403(b) ☐ 457 ☐ IRA (Traditional or Conduit)

If you are rolling over a distribution from a conduit IRA, please attach certification from the other qualified plan to verify the IRA funds originated from a qualified plan. CalSTRS cannot accept rollovers from ROTH, SEP, SIMPLE or Coverdell IRAs.

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CONTACT NAME

()

CITY, STATE & ZIP CODE

TELEPHONE NUMBER (INCLUDING AREA CODE)

I understand that CalSTRS will rely on information contained in this form to determine whether or not to accept this rollover. I certify that such information is correct. I understand that failure to provide accurate information to CalSTRS may result in significant penalties from the IRS if my rollover is later found to be invalid.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

PRINT NAME

LAST FOUR DIGITS OF YOUR SSN

PHONE NUMBER

SIGNATURE

DATE (MM/DD/YYYY)



AR261

Recipient Designation Form—Information

One-Time Death Benefit/Cash Balance Lump-Sum Payment

To be valid, this form must be received and accepted by CalSTRS before your death.

The *Recipient Designation* form replaces the *One-Time Death Benefit Recipient* form and the *Cash Balance Beneficiary Designation* form. If you have one of these forms currently on file with CalSTRS, you do not need to submit a new *Recipient Designation* form unless you wish to make a change to your recipient designation.

DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, any accumulated contributions in your account will be paid to your designated recipients only if you did not elect an option beneficiary to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a family or survivor benefit allowance after your death.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of Option* form when you are eligible to retire.

CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the benefit in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least \$3,500, he or she may elect to receive an annuity in place of a lump-sum payment.

IMPORTANT FACTS

- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. *It is important to keep this form current.*
- If your designated primary recipients predecease you, any benefit due will be paid to your secondary recipients, unless you submit a valid *Recipient Designation* form designating new recipients. If we are unable to locate your designated recipients, the death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any benefit due will be paid to your estate.
- You may change your recipient designations at any time—before or after retirement. There is no fee or financial penalty for changing your designation.

QUESTIONS

E-mail us at CalSTRS.com/contactus or call 800-228-5453.

This form is available at CalSTRS.com/forms.

Return your completed form to:

CalSTRS
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275

Recipient Designation Form—Instructions

One-Time Death Benefit/Cash Balance Lump-Sum Payment

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

SECTION 1: MEMBER/PARTICIPANT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and e-mail address.

SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient.

- **Persons**—Provide full name, address, telephone number, Social Security number, birth date and relationship.
- **Organization**—To designate an organization, check the box and enter the name and address of the organization and the organization's tax identification number. Include organization contact information whenever possible.
- **Trust**—To designate a trust, check the box and enter the full name of the trust, the trustee's name and address, and the date the trust was created. CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time.

- **Estate**—To designate your estate, check the box and enter "My Estate" for the recipient's name. Upon your death, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code section 13101.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

You may designate a percentage for each recipient. If you use percentages, the total must equal 100 percent for the primary recipient section and/or secondary recipient section.

SECTION 4: REQUIRED SIGNATURES

You must sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide his or her Social Security number and date of birth.

If your spouse or registered domestic partner does not sign your form, you must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner*.

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

Recipient Designation Form

One-Time Death Benefit/Cash Balance Lump-Sum Payment

MS 0002 rev 1/11

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections.

Check one of the following:

- ☐ I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.
- ☐ I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.
- ☐ I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the lump-sum death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—or their survivors—to receive equal amounts, unless otherwise specified as recipients for any benefits payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, I designate the secondary recipients—or their survivors—to share equally unless otherwise specified as recipients for any benefits under law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Return your signed form to: CalSTRS • P.O. Box 15275, MS 43 • Sacramento, CA 95851-0275

Section 1: Member/Participant Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

()

CITY

STATE

ZIP CODE

HOME TELEPHONE

EMAIL ADDRESS

Section 2: Primary Recipients

Use this area to designate one or more *primary* recipients to receive a death benefit.

Use additional sheets if needed. 

FULL NAME OF PERSON, TRUST OR ORGANIZATION

()

MAILING ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship:

☐ Male

☐ Female

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER

☐ Organization – Contact Name:

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

☐ Trust

☐ Estate

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)



MS0002

Section 2: Primary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION

()

MAILING ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female

SOCIAL SECURITY NUMBER/TIN/EIN

☐ Organization – Contact Name: _____

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

☐ Trust

☐ Estate

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION

()

MAILING ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female

SOCIAL SECURITY NUMBER/TIN/EIN

☐ Organization – Contact Name: _____

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

☐ Trust

☐ Estate

PERCENTAGE
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Section 3: Secondary Recipients

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed. 

FULL NAME OF PERSON, TRUST OR ORGANIZATION

()

MAILING ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____
☐ Male ☐ Female

SOCIAL SECURITY NUMBER/TIN/EIN

☐ Organization – Contact Name: _____

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

☐ Trust

☐ Estate

PERCENTAGE
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

Section 3: Secondary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION

MAILING ADDRESS

()

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____

☐ Male

☐ Female

SOCIAL SECURITY NUMBER/TIN/EIN

☐ Organization – Contact Name: _____

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

☐ Trust

☐ Estate

PERCENTAGE

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

☐ Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

Section 4: Required Signatures

Check all that apply.

- ☐ I am married or registered as a domestic partner and both our signatures are below.
- ☐ I am married or registered as a domestic partner and my spouse or partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the next page.
- ☐ I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- ☐ I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- ☐ I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER'S SIGNATURE

DATE (MM/DD/YYYY)



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

DATE (MM/DD/YYYY)

SPOUSE'S OR PARTNER'S NAME (LAST, FIRST, INITIAL)

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER

SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY)

Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code sections 22453 and 26703, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present requires the signature of the spouse or registered domestic partner unless one of the following conditions exist. If you are married or registered as a domestic partner and your spouse or partner does not sign this form, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- ☐ My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- ☐ My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- ☐ My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- ☐ My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any designation can be made. Submit a certified copy of the court order when you receive it.) Education Code sections 22454 and 26704

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

If this form is not completely filled out, it will not be accepted and will be returned to you. Your current recipient status will not be updated. Review your form carefully before submitting:

- ☐ Did you designate at least one primary recipient and provide all the requested information?
- ☐ If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- ☐ If you designated percentages, do they equal 100 percent for your primary recipients and/or secondary recipients?
- ☐ Did you sign and date the form?
- ☐ If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- ☐ If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?

Cash Balance Benefit Program Trust as Named Beneficiary

CB 536 rev 8/12

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

If you wish to name a trust as beneficiary, clearly mark the appropriate box on the *Recipient Designation* form and complete this form. A trust can be named as your primary beneficiary or secondary beneficiary. A trust can also be designated to be your sole beneficiary or to share with your co-beneficiaries. Indicate in the appropriate boxes how you want your trust to be designated.

Section 1: Participant Information

PARTICIPANT'S NAME

CLIENT ID OR SOCIAL SECURITY NUMBER

TRUST NAME

SUCCESSOR TRUSTEE NAME

DATE OF TRUST

MAILING ADDRESS

CITY

STATE

ZIP CODE

- I designate this trust to be: ☐ Primary beneficiary (share and share alike with beneficiaries listed on my *Recipient Designation* form).
- or ☐ Secondary beneficiary.
- or ☐ Sole beneficiary (there are no primary beneficiaries listed on my *Recipient Designation* form).

IMPORTANT

If No Spousal or Domestic Partner Signature, One of the Following Boxes Must Be Checked:

Check all that apply.

- ☐ I am married or registered as a domestic partner and both our signatures are below.
- ☐ I am married or registered as a domestic partner and my spouse or partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- ☐ I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- ☐ I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- ☐ I have been divorced or terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



SPOUSE'S OR PARTNER'S NAME (LAST, FIRST, INITIAL)

DATE (MM/DD/YYYY)



SIGNATURE OF PARTICIPANT

DATE (MM/DD/YYYY)

Send the completed *Trust As Named Beneficiary* form to:

CalSTRS, P.O. Box 15275, MS 43, Sacramento, CA 95851-0275. Retain a copy for your records.



CB536

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

CB 535 rev 8/12

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 60
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

- Print clearly in dark ink or type all information requested.
- If you make a mistake, initial corrections or complete a new form.
- Any errors or omissions on the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form will delay the processing of your distribution.
- 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, MS 60
Sacramento, CA 95851-0275
800-228-5453

Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present requires the signature of the spouse or registered domestic partner unless one of the following conditions exist. If you are married or registered as a domestic partner and your spouse or partner does not sign this form, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- ☐ My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- ☐ My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- ☐ My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- ☐ My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any designation can be made. Submit a certified copy of the court order when you receive it.) Education Code section 22454.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



PARTICIPANT'S SIGNATURE

DATE (MM/DD/YYYY)



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Notes:

CalSTRS Resources



WEB

CalSTRS.com
Click *Contact Us* to email
403bCompare.com
Pension2.com
CalSTRSbenefits.us

STAY CONNECTED



CALL

800-228-5453
7 a.m. to 6 p.m.
Monday through Friday

888-394-2060
CalSTRS Pension2®
Personal Wealth Plan

855-844-2468
Pension Abuse Reporting Hotline



WRITE

CalSTRS
P. O. Box 15275
Sacramento, CA
95851-0275



VISIT

Member Services
100 Waterfront Place
West Sacramento, CA 95605

Find your nearest
CalSTRS office at
CalSTRS.com/localoffices



FAX

916-414-5040