

FOR DISABILITY BENEFITS EFFECTIVE 1/1/2007 AND LATER

**PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**APPLICANT INFORMATION**

<b>Social Security Number</b>	<b>Last Name</b>	<b>First</b>	<b>Initial</b>
<b>Birthdate</b>	<b>Address</b>		
<b>Telephone Number</b> ( )	<b>City</b>	<b>State</b>	<b>Zip</b>

**I. METHOD OF PAYMENT**

PLEASE SELECT ONE OF THE FOLLOWING METHODS OF DISABILITY BENEFIT PAYMENT:

**I choose to receive my disability benefit in the form of a one-time lump-sum payment.**

*I understand that upon distribution of the lump-sum payment, no further benefits are payable from the Cash Balance Benefit Program.*

- You must select one of the following methods of distribution:
  - Mail the payment directly to me at the above address.
    - You must complete the Income Tax Withholding Preference form, CB584.
  - Process the payment as a complete or partial trustee-to-trustee transfer (rollover).
    - You must complete the Rollover Distribution form, CB475.

-----OR-----

**I choose to receive my disability benefit in the form of monthly annuity payments.**

*I understand that my Cash Balance Benefit Program account balance must equal or exceed \$3,500 to receive an annuity disability benefit.*

- You must select an annuity type:
  - 1) A Participant Only Annuity.
  - 2) A 100% Beneficiary Annuity. (\*)
  - 3) A 75% Beneficiary Annuity. (\*)
  - 4) A 50 % Beneficiary Annuity. (\*)
  - 5) A period certain annuity. Number of years (choose one) 3 4 5 6 7 8 9 10 (\*)
 

*If you selected a period certain annuity with a duration of 3 to 9 years, you may receive the payments as direct trustee-to-trustee transfers (rollover).*

    - Process the period certain annuity payments as complete trustee-to-trustee transfers.
      - You must complete the Rollover Distribution form, CB475.
      - Skip the mailing options below. Continue to next page.
- For annuity payments that will not be affected by a trustee-to-trustee transfer, choose one of the following mailing options.
  - Mail the payments directly to me at the above address.
    - You must complete the Income Tax Withholding Preference form, CB584.
  - Mail the payments directly to my financial institution.
    - You must complete the CB Direct Deposit Authorization form, CB474, *and*,
    - You must complete the Income Tax Withholding Preference form, CB584.



(\*) **Section II. ANNUITY BENEFICIARY INFORMATION must be completed.**



CB587

Complete the section below only if you have chosen a monthly annuity payment ~ Do not complete for lump-sum distributions

II. ANNUITY BENEFICIARY INFORMATION – If applicable from Section I			
Social Security Number	Last Name	First	Initial
Birthdate	Address		
Telephone Number ( )	City	State	Zip

III. DECLARATION	
<input type="checkbox"/> I am not married or registered as a domestic partner (This includes those who are widowed, divorced, and single; or have a registered domestic partner termination certification).	
<input type="checkbox"/> My spouse or registered domestic partner (RDP) did not sign and I have completed the attached Justification for Non-Signature of Spouse or Registered Domestic Partner (CB535).	
<input type="checkbox"/> I am married and my spouse or registered domestic partner (RDP) has signed below.	
<p>I hereby apply for a disability benefit from the CalSTRS Cash Balance Benefit Program. I fully understand that the mailing of my benefit check will terminate all rights and benefits to which I was entitled prior thereto. <b>Further, I certify under penalty of perjury</b> 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 spousal/partner's signature is in fact the true signature of my spouse/partner; or if no spousal/partner signature appears, that I have completed and submitted the "Justification of Non-Signature of Spouse or Registered Domestic Partner" (CB535); or I am not married or registered as a domestic partner and have checked the corresponding box above. I understand that perjury is punishable by imprisonment in the State Prison for up to four years; Penal Code Section 126.</p>	
Signature of Spouse or Registered Domestic Partner 	Date (mo/day/yr) / /
Participant's Signature 	Date (mo/day/yr) / /

Please retain copies for your records and return the completed benefit application with associated forms to:

**CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM (CalSTRS)**  
**CASH BALANCE BENEFIT PROGRAM**  
 P.O. Box 15275, MS #20,  
 Sacramento, CA 95851-0275  
 Toll Free 800.228.5453

## COMPLETING FORM CB587

Use a typewriter or print legibly in black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible. Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, obtain a new form or line through the error, make the appropriate correction and initial the correction. Any errors or omissions on the Disability Benefit Application (CB587) will delay the processing of your distribution. Photocopied signatures will not be accepted.

### Disability Benefit Information

A CB Benefit Program participant, or their guardian or conservator of a participant may apply to receive a disability benefit at any time by completing the Disability Benefit Application (CB587) and submitting the form to the California State Teachers' Retirement System's (CalSTRS) Cash Balance (CB) Benefit Program. The disability benefit is a benefit for total and permanent disability that is an amount equal to the sum of the employee account and the employer account, plus any accrued interest, as of the disability date.

**Medical Documentation Required** - A disability benefit shall become payable only upon determination by CalSTRS that the participant has a total and permanent disability. CalSTRS requires current relevant medical reports by licensed practitioners, ***including the completion of the Physician's Certification (CB1528)***. CalSTRS may make any inquiries necessary to the determination of total and permanent disability as defined by CB Benefit Program Law.

Part 14, Section 26144 of Division 1 of the California Education Code, define a total and permanent disability as.....  
***'Any medically determinable physical or mental incapacity that is expected to prevent the participant from performing creditable service under this part for the employer for a continuous period of at least one year.'***

If CalSTRS determines that the participant does not have a total and permanent disability, the Disability Benefit Application, and any designation of beneficiary for the benefit, shall automatically be cancelled.

**Termination of Creditable Service** – All creditable service subject to CalSTRS coverage shall be terminated prior to the disability date.

**Distribution of Disability Benefit** – The normal form of distribution is a lump-sum benefit. Upon distribution of the lump-sum payment to the participant, no further benefits shall be payable under the program.

A CB Benefit Program participant may elect to receive a disability benefit in the form of an annuity provided the **sum of the employee account and employer account equals or exceeds \$3,500**. If the participant elects to receive a monthly annuity, they may elect **one** of the following forms of payment:

***NOTE: The annuity names and choices shown on this form reflect changes effective January 1, 2007, designed to simplify the array of annuities and provide better choices.***

1. A Participant Only Annuity, which is the actuarial equivalent of the lump sum payable for the life of the participant with any balance remaining upon the death of the participant payable in a lump sum to the beneficiary.
2. A 100% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with the monthly amount payable to the participant continuing to the surviving beneficiary upon the death of the participant. However, if the option beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.
3. A 75% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with three-quarters of the monthly amount payable to the participant continuing to the surviving beneficiary upon death of the participant. However, if the beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.

***NOTE: If your annuity beneficiary is anyone other than your spouse and the beneficiary is more than exactly 19 years younger than the participant, you cannot select this annuity choice.***

4. A 50% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with one-half of the monthly amount payable to the participant continuing to the surviving beneficiary upon the death of the participant. However, if the option beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.
5. A period certain annuity, which is the lump sum payable over a specified number of years, from a minimum of three years to a maximum of 10 years but in any event not to exceed the life expectancy of the participant or the life expectancy of the participant and the participant's option beneficiary, until there is no balance remaining in the participant's employee account and employer account.



**A Cash Balance Benefit Program Disability application must accompany this form.**

**PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**MEMBER INFORMATION**

<b>Social Security Number</b>	<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>
<b>Birthdate (mo/day/yr)</b>	<b>Address</b>		
<b>Telephone Number</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**PHYSICIAN'S CERTIFICATION - This section must be completed by an attending physician or therapist**

Objective documentation of this patient's medical condition is required to determine eligibility for disability benefits from the California State Teachers Retirement System's Cash Balance Benefit Program. Please complete the following section. Please submit all current relevant medical reports. An incomplete report or delay in receipt of this form or requested records could result in a delay of benefits for the patient.

**Is the impairment (disability) considered total and permanent?**     **Yes**                       **No**  
*If no, please move to signature section to sign and date this document.*

**If Yes, the disability is:**  
Physical:  **Yes**                       **No**                      Mental:  **Yes**                       **No**

**What is the etiology of the impairment?**

**What is the anticipated duration of the impairment (disability)?**

**Additional Comments:**


*I, the undersigned, a practicing licensed physician or therapist, hereby certify under penalty of perjury, that my answers to the foregoing questions are complete and true to the best of my knowledge, information and belief.*

<b>Medical Specialty</b>	<b>License Number</b>
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<b>Board Certified</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Telephone Number</b> (        )
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<b>Last Name (Please Print)</b>	<b>First Name</b>	<b>Initial</b>
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<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Physician's Signature</b> 	<b>Date (mo/day/yr)</b>
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CB1528

## INSTRUCTIONS FOR COMPLETING FORM CB1528

### COMPLETING THE FORM

Print legibly in black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible. Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, obtain a new form or line through the error, make the appropriate correction and initial the correction.

Any errors or omissions on the Physician Certification (CB1528) could cause a delay in the processing of applicant's Disability Benefit.

The applicant needs to complete the top portion of this form and have their treating physician or therapist complete the remaining portion of this form. The physician or therapist must be currently licensed and practicing and must complete all required information.

Failure of the participant, or the participant's guardian or

conservator, to provide any documents, complete any of the required forms, or respond to any questions from CalSTRS within 45 days of the initial request may be cause for rejection of the application.

Upon determination by CalSTRS that the participant does not have a total and permanent disability, the application for disability benefit, and any designation of beneficiary for the benefit, shall be automatically cancelled.

### TOTAL AND PERMANENT DISABILITY

CalSTRS Teachers' Retirement Law (Part 14, Section 26144 of the Education Code) defines Total and Permanent disability as *'any medically determinable physical or mental incapacity that is expected to prevent the participant from performing creditable service under this part for the employer for a continuous period of at least one year.'*

### QUESTIONS??

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

#### CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM (CalSTRS)

##### CASH BALANCE BENEFIT PROGRAM

P.O. Box 15275, MS #20,  
Sacramento, CA 95851-0275  
Toll Free 800.228.5453

# Cash Balance Benefit Program

## Income Tax Withholding Preference—Information and Instructions

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Read the instructions carefully before completing the form. Print clearly in dark ink or type all information requested. Initial all corrections and sign at the end.

**Purpose:** Use this form to tell CalSTRS the amount of federal and state income tax to withhold from your benefit payments. The method and rate of withholding depends on whether the payment is monthly, a lump sum or an eligible rollover distribution; whether the payment is delivered outside the U.S., or its commonwealths and possessions; and whether the recipient is a nonresident alien individual, a nonresident alien beneficiary or a foreign estate.

The elections you make will take effect within 60 days after CalSTRS receives your form. If valid, your income tax withholding preferences will remain in effect until you change or cancel them.

Under federal law, California cannot tax your benefit payment if you reside outside California. If you do not live in California but think you may be liable for California state income tax, you may request CalSTRS to withhold state income tax.

### **CHOOSING NOT TO HAVE INCOME TAX WITHHELD:**

You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments that are not eligible for rollover.

**CAUTION:** There are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments. See IRS Publication 505, *Tax Withholding and Estimated Tax*, at [irs.gov](http://irs.gov). It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your benefit payment.

**COMPLETING THIS FORM:** To calculate the proper amount of tax withholding, use IRS Form W-4P (which has a worksheet and instructions) at [irs.gov](http://irs.gov) for your federal withholding, and EDD Form DE 4P at [edd.ca.gov](http://edd.ca.gov) for your state withholding.

### **SECTION 1: PARTICIPANT/PAYEE INFORMATION**

Enter your full name and Client ID or Social Security number. If the payee is different from the member, enter the payee's full name and Client ID or Social Security number. Include your address, home and alternate telephone numbers so we can contact you if we have any questions.

### **SECTION 2: DIRECT PAYMENT LUMP SUM AND PERIOD-CERTAIN ANNUITIES OF 3 TO 9 YEARS**

#### **Rollover Eligible**

Complete this portion only if you elected a lump sum or period-certain annuity of 3 to 9 years and the distribution is rollover eligible. If you do not complete this section, CalSTRS will withhold CA state income tax at 2 percent. If you do not want state income tax withheld, check the appropriate box.

Distributions that are eligible for rollover but not directly rolled over to another tax-qualified retirement plan or IRA are subject to a flat 20 percent federal withholding. CalSTRS is required to withhold the federal 20 percent—you *cannot* waive federal tax withholding—but the state tax is optional.

CalSTRS will not withhold the 20 percent federal income tax for eligible rollover distributions transferred directly into an IRA or other qualified plan.

Distributions that are not rollover eligible are not subject to the mandatory 20 percent federal income tax withholding. See IRS Publication 505 and the CalSTRS booklet, *Tax Considerations for Rollovers*, for details.

#### **One-Time Lump Sum Non-Rollover Eligible**

Complete this portion only if your distribution is a one-time lump sum and non-rollover eligible. This includes one-time distributions paid to an estate or declared successor when no spouse and no designated beneficiary is named.

CA state and federal tax withholding for this type of distribution if optional. If you do not complete this section, CalSTRS will withhold federal taxes at 10 percent of the taxable amount and withhold state taxes at 1 percent. If you do not want taxes withheld, check the appropriate boxes. See IRS Publication 575, *Pension and Annuity Income*, at [irs.gov](http://irs.gov).

### **SECTION 3: LIFETIME MONTHLY ANNUITIES AND PERIOD-CERTAIN ANNUITIES OF 10 YEARS**

Complete this section only if you elected a lifetime monthly annuity or a period-certain annuity of 10 years. If you do not complete this section, CalSTRS must withhold federal and CA state income tax from your monthly benefit payments as married claiming three withholding allowances. If you do not want any federal or CA state income tax withheld, check the appropriate boxes.

## Cash Balance Benefit Program

### Income Tax Withholding Preference—Information and Instructions continued

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You cannot designate a specific dollar amount only to be withheld for federal tax. However, you may designate an additional dollar amount to be withheld. Use the IRS Form W-4P worksheet to calculate your federal tax withholding.

If you want CA state income tax withheld, indicate the number of withholding allowances and your marital status by checking the appropriate box, and specify an additional flat dollar amount, if any. Use the EDD Form DE-4P at [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf) to calculate state tax withholding. You may designate a dollar amount to withhold instead of claiming withholding allowances.

#### **SECTION 4: REQUIRED SIGNATURE**

Sign and date the form. Your form will not be accepted without your signature and the date signed.

#### **IMPORTANT INFORMATION**

##### **Payments to Foreign Persons and Payments delivered Outside the U.S.**

For U.S. citizens and residents, federal tax withholding is required on monthly or lump-sum payments delivered to you outside the U.S. or its possessions. You cannot waive federal income tax withholding in this situation. See IRS Publication 505 at [irs.gov](http://irs.gov) for details.

For nonresident aliens, nonresident alien beneficiaries, and foreign estates, in the absence of a tax treaty exemption, monthly or lump-sum payments generally are subject to a 30 percent federal withholding tax on the taxable portion of payments from U.S. sources. See IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and IRS Publication 519, *U.S. Tax Guide for Aliens*, at [irs.gov](http://irs.gov).

If you are a foreign person, you should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to CalSTRS before receiving any payments.

##### **Annual Statement of Federal Income Tax Withheld**

By January 31 of next year (and each following year), CalSTRS will furnish a statement to you on Form 1099-R showing the total amount of benefit payments and the total federal income tax withheld during the preceding year. If you are a foreign person who has provided CalSTRS with Form W-8BEN, CalSTRS instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of the following year.

#### **QUESTIONS**

For information about federal tax withholding, contact the IRS at 800-829-1040 or visit [irs.gov](http://irs.gov). For information about state tax withholding, contact the California Franchise Tax Board at 888-792-4900 or visit [ftb.ca.gov](http://ftb.ca.gov).

For additional information, see *Tax Considerations for Roll-overs*, available at [CalSTRS.com](http://CalSTRS.com) or by calling 800-228-5453.

Also read IRS Publication 575, *Pension and Annuity Income*, IRS Publication 919, *How Do I Adjust My Tax Withholding*, and FTB Publication 1005, *Pension and Annuity Guidelines*, or contact a qualified tax professional.

Find a tax withholding calculator at [irs.gov/individuals](http://irs.gov/individuals) to help determine your withholding allowances. Also see the allowance worksheets at [irs.gov/pub/irs-pdf/fw4p.pdf](http://irs.gov/pub/irs-pdf/fw4p.pdf) and [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf).



# Cash Balance Benefit Program Income Tax Withholding Preference

(CB 584, rev. 02/22)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## Section 1: Participant or Payee Information

PARTICIPANT NAME (LAST, FIRST, INITIAL)

PARTICIPANT CLIENT ID OR SOCIAL SECURITY NUMBER

PAYEE NAME, IF DIFFERENT FROM PARTICIPANT (LAST, FIRST, INITIAL)

PAYEE CLIENT ID OR SOCIAL SECURITY NUMBER

PAYEE MAILING ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

ALTERNATE TELEPHONE

## Section 2: Direct Payment Lump Sum and Period Certain Annuities of 3 to 9 Years

### Rollover Eligible

Federal law requires that CalSTRS withhold 20 percent federal income tax for all lump-sum payments and period-certain annuities of three to nine years that are paid directly to you or your designated beneficiary, unless the payment is less than \$200.

If you choose to have CA state tax withholding, CalSTRS will withhold 2 percent for state tax for all lump-sum payments and period-certain annuities of three to nine years.

**Withhold** California state income tax?  Yes  No

### Non-Rollover Eligible

This includes one-time distributions paid to an estate or declared successor when no spouse and no designated beneficiary is named. If you choose to have Federal tax withholding, CalSTRS will withhold 10 percent federal income tax for all one-time lump-sum non-rollover eligible payments.

If you choose to have CA state tax withholding, CalSTRS will withhold 1 percent for state tax.

**Withhold** California state income tax?  Yes  No

**Withhold** Federal income tax?  Yes  No

*Continue on next page*



CB584

### Section 3: Lifetime Monthly Annuity and Period-Certain Annuities of 10 Years

If you do not complete the section below, CalSTRS must withhold state and federal income tax from your lifetime monthly annuity or period-certain annuity of 10 years based on rates for a married person claiming three withholding allowances.

#### CALIFORNIA STATE INCOME TAX WITHHOLDING

Do not withhold California state income tax.

OR

Withhold California state income tax.

Withhold only \$ \_\_\_\_\_ from each benefit payment\* (Enter a flat dollar amount only. Do not enter a percentage.)

OR

Withhold California state income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Head of Household with \_\_\_\_\_  
(Enter 0 or number of allowances.)

**Additional withholding: \$ \_\_\_\_\_**  
from each benefit payment in addition to the amount to be withheld based on state tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

#### FEDERAL INCOME TAX WITHHOLDING

Do not withhold federal income tax from my monthly benefit payment.

OR

Withhold federal income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)

**Additional withholding: \$ \_\_\_\_\_**  
from each benefit payment in addition to the amount to be withheld based on federal tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

\*A flat amount cannot be specified for federal income tax.

### Section 4: Required Signature

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 OR PAYEE SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

# Cash Balance Benefit Program Rollover Distribution Form—Instructions

## FEDERAL AND CALIFORNIA STATE WITHHOLDING REQUIREMENTS

Federal and California law requires income tax withholding on distributions from pensions, annuities and deferred compensation plans except for amounts that are rolled over to a qualified plan, unless a payee elects otherwise. The law requires that income tax be withheld from payments based on rates for a married person claiming three withholding allowances. Therefore, CalSTRS must withhold income tax on all benefit payments unless the payee has filed an election not to have withholding apply.

CalSTRS benefit recipients who elect to take a distribution in the form of a partial rollover must make their income tax election on the *Cash Balance Benefit Program Income Tax Withholding Preference* form (CB-584).

CalSTRS does not roll over or withhold federal or state income tax from distributions that are less than \$200.

A complete rollover is exempt from federal and state income tax withholding. Federal and state income tax will not be withheld from the portion of the distribution that is rolled over.

## WHEN DO I COMPLETE THIS FORM

This form must be completed if any of the following situations applies to you:

- You are a participant or payee of a Cash Balance Benefit Program account and are requesting a lump-sum distribution and are requesting a direct trust-to-trustee transfer (rollover). Please note that per IRS regulations, a series of payments for 10 years or more cannot be rolled over.
- You are a participant or payee who has chosen a period-certain annuity with a duration of 3 to 9 years and choose to receive the annuity payment as a direct trustee-to-trustee transfer (rollover).
- You are a registered domestic partner and requesting a lump-sum distribution. Please note that per IRS regulations, a RDP is not eligible to take a direct trustee-to-trustee transfer (rollover). You must complete and attach a *Cash Balance Benefit Program Income Tax Withholding Preference* form (CB-584).

- You are 72 (age 70 ½ if you were born prior to July 1, 1949) and requesting a rollover. You must take a required minimum distribution. CalSTRS will process in accordance to IRC regulations.
- You are the spouse beneficiary recipient of a Cash Balance Benefit Program account and requesting a distribution. As a spouse beneficiary, you are eligible to take a rollover distribution. All other beneficiaries must take a lump-sum distribution or annuity.

**CalSTRS Pension2 Rollovers:** If you select Pension2 for your rollover, we will obtain the required signatures on your behalf. If you already have a Pension2 account, we will roll over your funds to that account. If you do not have a Pension2 account, we will open a Pension2 403(b) account for you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. For more information or to enroll right now, visit [Pension2.com](http://Pension2.com) or call toll free 844-electP2 (844-353-2872).

## COMPLETING THE FORM

Print clearly in blue or black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible. Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, complete a new form or put a line through the error, make the appropriate correction and initial and date the correction. Your spouse or registered domestic partner must also initial and date the correction. Any errors or omissions may delay the processing of your distribution.

## QUESTIONS

We suggest you read the IRS publication 575, *Pension and Annuity Income* and the California Franchise Tax Board Publication FTB 1005, *Pension and Annuity Guidelines* or contact a qualified tax professional for advice. For more information, see the *Tax Considerations for Rollovers* booklet at [CalSTRS.com/publications](http://CalSTRS.com/publications).

## Special Tax Notice: Your Rollover Options

### INTRODUCTION

You are receiving this notice because all or a portion of your CalSTRS Defined Benefit Supplement, Defined Benefit refund or Cash Balance payment may be eligible for a rollover to an IRA or another eligible employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most CalSTRS payments are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

Certain California tax information also is provided. In general, California law conforms to federal tax law. However, there are some differences between California and federal law. In addition, if you do not meet California residency criteria, your CalSTRS benefits are not subject to state income tax. For additional information, visit [ftb.ca.gov](http://ftb.ca.gov).

### 30-Day Notice Period and Your Right to Waive

Generally, CalSTRS cannot make a direct rollover or a payment to you until at least 30 days after you receive this notice. If you do not wish to wait until this 30-day notice period ends before your payment is processed, you may waive the notice period.

### GENERAL INFORMATION ABOUT ROLLOVERS

#### How can a rollover affect my taxes?

You will be taxed on your CalSTRS payment if you do not roll it over. If you are under age 59½ and do not do a rollover, you also will have to pay a 10 percent additional federal income tax and a 2.5 percent additional California state income tax on early distributions, unless an exception applies.

If you do a rollover, however, you will not have to pay tax until you receive distributions later and the 10 percent additional federal income tax and 2.5 percent additional state income tax will not apply if those distributions are made after you are age 59½, or if an exception applies.

#### Where may I roll over my CalSTRS payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or another eligible employer plan (a tax-qualified plan, 403(b) plan or 457(b) plan) that will accept the rollover. The rules of the IRA or plan that holds the rollover will determine your investment options, fees and rights to payment from the IRA or employer plan. For example, no spousal consent rules apply to IRAs and IRAs may not provide loans. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### How do I do a rollover?

There are two ways to do a rollover. You can choose either a direct rollover or a 60-day rollover.

**Direct rollover:** If you do a direct rollover, CalSTRS will make the payment directly to your IRA or another eligible employer plan. You should contact the IRA sponsor or the administrator of the plan for information on how to do a direct rollover.

If you do a direct rollover of only a portion of your CalSTRS payment and a portion is paid to you at the same time, the portion directly rolled over consists first of the amount that would be taxable if not rolled over.

**60-day rollover:** If you do not do a direct rollover, you still may do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive your CalSTRS payment to make the deposit.

**If you do not do a direct rollover, CalSTRS is required to withhold 20 percent of the payment for federal income taxes. Unless you elect to not have state tax withheld or you are a nonresident of California, CalSTRS will withhold at 2 percent.** This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20 percent withheld for federal taxes and any state tax withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed in the year distributed and will be subject to the 10 percent additional federal income tax and the 2.5 percent additional state income tax on early distributions if you are under age 59½, unless an exception applies.

#### How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any CalSTRS payment is eligible for rollover, except:

- Benefit payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Required minimum distributions in the calendar year in which you turn age 72 (age 70-1/2 if you were born prior to July 1, 1949) or after death. Corrective distributions of contributions that exceed tax law limitations.

CalSTRS can tell you what portion of a payment is eligible for rollover.

# Cash Balance Benefit Program Rollover Distribution Form—Instructions

## **If I don't do a rollover, will I have to pay the 10 percent additional federal income tax and the 2.5 percent additional state income tax on early distributions?**

If you are under age 59½, you will have to pay the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions for any CalSTRS payment, including amounts withheld for income tax, that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular federal and state income taxes on the payment not rolled over.

The 10 percent additional federal income tax and the 2.5 percent additional state income tax do not apply to the following CalSTRS payments:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation.
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Payments made due to disability.
- Payments after your death.
- Corrective distributions of contributions that exceed tax law limitations.
- Payments made directly to the government to satisfy a federal tax levy.
- Payments made under a qualified domestic relations order (QDRO).
- Payments up to the amount of your deductible medical expenses.
- Payments for certain distributions related to certain federally declared disasters. \*Coronavirus related distributions up to \$100,000 in aggregate made between January 1, 2020 and December 31, 2020.

## **If I do a rollover to an IRA, will the 10 percent additional federal income tax and the 2.5 percent additional state income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the additional federal and state income taxes for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders does not apply. However, a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse.
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

## **SPECIAL RULES AND OPTIONS**

**If Your Payment Includes After-Tax Contributions** After-tax contributions included in your payment are not taxed upon distribution. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of your CalSTRS payment and the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly rollover \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of your entire CalSTRS payment to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

## Cash Balance Benefit Program Rollover Distribution Form—Instructions

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If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an eligible employer plan all of a payment that includes after-tax contributions, but only through a direct rollover—and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan. You can do a 60-day rollover to an eligible employer plan of part of a CalSTRS payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

### **If You Miss the 60-Day Rollover Deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline.

To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. If you inadvertently fail to complete the rollover within 60 days, you may be able to obtain a waiver of the 60-day time limit through a self-certification procedure if you meet certain requirements. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements*.

### **If You Were Born On or Before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump-sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

### **If You Roll Over Your Payment to a Roth IRA**

If you roll over your CalSTRS payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10 percent additional income tax and 2.5 percent additional state income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within five years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be

taxed, including earnings after the rollover. A qualified distribution from a Roth IRA is a payment made after you are age 59½—or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000—and after you have had a Roth IRA for at least five years. In applying this five-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions, unless an exception applies. Nonqualified Roth IRA distributions are treated as coming first from after-tax contributions. You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publications 590-A, *Contributions to Individual Retirement Arrangements* and 590-B, *Distributions From Individual Retirement Arrangements*.

CalSTRS is not responsible for assuring your eligibility to make a rollover to a Roth IRA. Consult your tax adviser if you are interested in rolling over your payment to a Roth IRA.

### **If You Are Not a CalSTRS Member**

**Payments after a member's death.** If you receive a distribution after a CalSTRS member's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions do not apply. The special rule described under the section "If you were born on or before January 1, 1936" applies only if the CalSTRS member was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a CalSTRS payment as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions, unless an exception applies. In addition, required minimum distributions from your Traditional IRA don't have to start until after you reach the age at which you are subject to required minimum distributions. If you were born prior to July 1, 1949, you were subject to required minimum distributions beginning in the year you reached age 70½. If you were born on or after July 1, 1949, you are

# Cash Balance Benefit Program Rollover Distribution Form—Instructions

subject to required minimum distributions in the year you reach age 72.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions. However, if the member had started taking required minimum distributions, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 72 (age 70 ½ if the member was born before July 1, 1949).

## **If you are a surviving beneficiary other than a spouse.**

If you receive a CalSTRS payment because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions. The entire balance of the inherited IRA must be distributed by the end of the tenth calendar year following the year of the member's death, unless you are an "eligible designated beneficiary". An "eligible designated beneficiary" is a beneficiary designated under the terms of CalSTRS who is:

- 1) the surviving spouse of the member;
- 2) a child of the member who has not reached the age of majority (18 in California and most other states);
- 3) a chronically ill individual as defined in Internal Revenue Code Section 401(a)(9)(i)(IV); or
- 4) any other individual who is not more than 10 years younger than the member.

Required minimum distributions to an eligible designated beneficiary may be made over a period based on the beneficiary's life expectancy, beginning no later than the year after the member's year of death.

**Payments under a qualified domestic relations order.** If you are the spouse or former spouse of a CalSTRS member who receives a payment from CalSTRS under a qualified domestic relations order (QDRO), you generally have the same options the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10 percent additional federal income tax or 2.5 percent additional state income tax on early distributions.

## **If You are a Nonresident Alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or a U.S. eligible employer plan, CalSTRS is generally required to withhold 30 percent of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by

filing IRS Form 1040NR and attaching your IRS Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and FTB Publication 1100, *Taxation of Nonresidents and Individuals Who Change Residency*.

## **OTHER SPECIAL RULES**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series, unless you make a different choice for later payments.

If your payments for the year are less than \$200, CalSTRS is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

When electing how to receive a CalSTRS payment that is rollover eligible, any amount not designated for rollover will be issued directly to you according to the payment preference on file for your account.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*. You may also have special rollover rights if you were affected by a federally declared disaster or similar event, if you received a distribution on account of a disaster, or if your distribution is or was due to a qualified childbirth or adoption. For more information, visit [irs.gov](http://irs.gov).

## **FOR MORE INFORMATION**

See the *Tax Considerations for Rollovers* booklet at [CalSTRS.com](http://CalSTRS.com). You may wish to consult a professional tax adviser before taking a payment from CalSTRS.

In addition, you will find more information on the federal tax treatment of payments from employer plans in IRS Publications 575, *Pension and Annuity Income*, Publication 590-A, *Contributions to Individual Retirement Arrangements*, 590-B, *Distributions From Individual Retirement Arrangements*, and Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, at [irs.gov](http://irs.gov), or by calling 800-TAX-FORM (800-829-3676).

For information on state tax, contact the California Franchise Tax Board at [ftb.ca.gov](http://ftb.ca.gov) or call 800-852-5711 (or 916-845-6500 if calling from outside the U.S.). Also see FTB Publication 1005, *Pension and Annuity Guidelines*.

# Cash Balance Benefit Program Rollover Distribution Form—Instructions

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## **RIGHT TO RECEIVE PAPER DOCUMENT**

Contact CalSTRS to receive this *Special Tax Notice: Your Rollover Options* provided as a written paper document at no charge.

## **RIGHT TO WITHDRAW YOUR CONSENT**

You have the right to withdraw consent to receive electronic delivery of the *Special Tax Notice: Your Rollover Options* at any time. Withdrawal of your consent may delay processing of your application. If you would like to withdraw your consent to receive electronic delivery of the *Special Tax Notice: Your Rollover Options*, contact CalSTRS and request to receive this notice and application as a written paper document at no charge.

**Scope of Your Consent** – Consent to receive electronic delivery of the *Special Tax Notice: Your Rollover Options* applies only to the particular transaction.

**CalSTRS Contact Procedures** – If you have questions about the procedures for receiving a written paper document or to update your electronic information, contact CalSTRS at 800-228-5453, [CalSTRS.com/contactus](http://CalSTRS.com/contactus) or 916-414-5040 (fax).

**Software Requirements** – The software requirements needed to access and retain this *Special Tax Notice: Your Rollover Options* follow:

- Internet Explorer, Version 7.0 and above
- Mozilla Firefox, Version 3.0 and above
- Apple Safari, Version 3.0 and above
- Google Chrome, Version 4.0 and above

Use Adobe® Reader® to view, print and save this notice and other CalSTRS important online documents. If you do not have Adobe Reader installed on your computer, you may download the free program from the Adobe website.

CalSTRS is not responsible for any hardware or software problems resulting from the installation of any third-party tools, including Web browsers, programs or plug-ins listed. Any third-party providers listed here are governed by their own terms of use and privacy policies.



# Cash Balance Benefit Program Rollover Distribution Form

CB 475 rev 06/20

# CALSTRS®

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
**800-228-5453**  
CalSTRS.com

The appropriate benefit application must accompany this form. Please read the instructions before completing this form.

## Section 1: Participant Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

## Section 2: Payee Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

## Section 3: Rollovers to Pension2 (Does not require a Financial Institution Signature)

**Complete this section if your rollover is to CalSTRS Pension2.**

I choose to roll over all or part of my Cash Balance Program distributions to CalSTRS Pension2. Only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. Complete the information below. If you already have a Pension2 account, we will roll over your Cash Balance Program distributions to that account. If you do not have a Pension2 account, we will open a Pension2 403(b) account for you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. To access your account, visit [CalSTRS.com/Pension2](http://CalSTRS.com/Pension2) or call 844-353-2872.

### Rollover of Tax Deferred Contributions and Interest

I elect to roll over my tax-deferred contributions and interest to CalSTRS Pension2.

Select one:  Amount to transfer \$ \_\_\_\_\_ OR  Percentage to transfer \_\_\_\_\_ (indicate 1%-100%)

### Rollover of After-Tax Contributions

I elect to roll over my after-tax contributions to CalSTRS Pension2.

Select one:  Amount to transfer \$ \_\_\_\_\_ OR  Percentage to transfer \_\_\_\_\_ (indicate 1%-100%)

**Next:** If you:

- Chose to **roll over 100 percent** of your Cash Balance Program distributions to CalSTRS Pension2, **skip to section 5.**
- Chose to **roll over less than 100 percent** of your Cash Balance Program distributions, **go to section 4.3** to indicate your tax withholding preferences.



# Cash Balance Benefit Program Rollover Distribution Form

continued



## Section 4: Rollovers to Another Qualified Plan With a Financial Institution (Requires Your Financial Institution's Signature)

**Complete this section if your rollover is to another qualified plan with a financial institution.** If you roll over your Cash Balance Program distributions to an institution other than CalSTRS Pension2, you must obtain original signatures from your financial institution. If you're rolling over funds to a qualified plan other than CalSTRS Pension2, you cannot submit your application online using myCalSTRS. You must submit a hard copy of your application or fax it to CalSTRS.

### Rollover of Tax-Deferred Contributions and Interest

I elect to roll over my tax-deferred contributions and interest to one of the plans below.

**Select one:**  Amount to transfer \$ \_\_\_\_\_ **OR**  Percentage to transfer \_\_\_\_\_ (indicate 1%-100%)  
**Select one:**  Traditional, SEP or SIMPLE IRA  Other eligible plan (403(b), 457(b), 401(k) or 401(a))  
 Roth account (taxable rollover)

### Financial Institution Information (All information is required.)

ACCOUNT NUMBER MAKE CHECK PAYABLE TO (FULL NAME OF FINANCIAL INSTITUTION)

PAYMENT MAILING ADDRESS CITY STATE ZIP CODE  
( )

NAME OF FINANCIAL INSTITUTION'S REPRESENTATIVE TELEPHONE

**Certification:** My signature above confirms the account number for the individual named at the top of the page. As a representative of the financial institution or plan named above, I certify that this institution or plan agrees to accept the funds described above as a direct trustee-to-trustee transfer from CalSTRS for deposit into a qualified IRA or an eligible plan as defined in the Internal Revenue Code. I understand that my signature above authorizes the transfer of the funds as indicated above.



FINANCIAL INSTITUTION REPRESENTATIVE'S SIGNATURE\* SIGNATURE DATE (MM/DD/YYYY)

### Rollover of After-Tax Contributions

I elect to roll over my after-tax contributions to one of the plans listed below (not applicable for most accounts).

**Select one:**  Amount to transfer \$ \_\_\_\_\_ **OR**  Percentage to transfer \_\_\_\_\_ (indicate 1%-100%)  
**Select one:**  Traditional or SEPIRA  Other eligible plan (403(b), 457(b), 401(k) or 401(a))  Roth account

### Financial Institution Information (All information is required.)

ACCOUNT NUMBER MAKE CHECK PAYABLE TO (FULL NAME OF FINANCIAL INSTITUTION)

PAYMENT MAILING ADDRESS CITY STATE ZIP CODE  
( )

NAME OF FINANCIAL INSTITUTION'S REPRESENTATIVE TELEPHONE

**Certification:** My signature below confirms the account number for the individual named at the top of this page. As a representative of the financial institution or plan named above, I certify that this institution or plan agrees to accept the funds described above as a direct trustee-to-trustee transfer from CalSTRS for deposit into a qualified IRA or other eligible plan as defined in the Internal Revenue Code. I understand that my signature below authorizes the transfer of CalSTRS funds as indicated above.



FINANCIAL INSTITUTION REPRESENTATIVE'S SIGNATURE\* SIGNATURE DATE (MM/DD/YYYY)

# Cash Balance Benefit Program Rollover Distribution Form

continued



## Section 5: Required Signatures

Check all that apply to your current and previous marital status. (You may check more than one.)

- 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 registered domestic partner did not sign below. I have completed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form (MS 1125A).
- I have never been married or in a registered domestic partnership **OR**  
I am widowed or my registered domestic partner has died.
- I have been divorced or have 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.

### Signatures

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, of up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



PARTICIPANT'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



# Cash Balance Benefit Program Employment Termination Certification

CB 1822 (rev 03/15)



California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

There must be a *separate* form completed by *each Cash Balance Benefit Program and Defined Benefit Program* employer for whom creditable service was performed within the last 12 months.

Please read the instructions before completing this form

<b>Section 1: (This section to be completed by participant)</b>			
NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER	
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY) (   )	
CITY	STATE	ZIP CODE	HOME TELEPHONE

## Employer Certification

<b>Section 2: (This section to be completed by each Cash Balance Benefit Program and Defined Benefit Program employer for whom creditable service was performed within the last 12 months.)</b>			
I certify below that the above individual has terminated all CalSTRS creditable service-related employment with this district. Additionally, I certify that all payroll information and contributions reported to date are accurate and complete and no future negative adjustments will be made. <b>NOTE: The "Last Day of Paid Employment" should reflect the last day of work.</b>			
LAST DAY OF PAID EMPLOYMENT (MM/DD/YYYY)  /   /	LAST PAY DATE (MM/DD/YYYY)  /   /	COUNTY NAME/CODE (TWO DIGITS)  <input type="text"/> <input type="text"/>	DISTRICT NAME/CODE (THREE DIGITS)  <input type="text"/> <input type="text"/> <input type="text"/>
SCHOOL OFFICIAL'S SIGNATURE	OFFICIAL'S TITLE	SIGNATURE DATE (MM/DD/YYYY)*	
CONTACT NAME	CONTACT TELEPHONE NUMBER  (   )	CONTACT FAX NUMBER  (   )	

\*The signature date must be on or after the last day of paid employment or the last pay date, whichever is later.

<b>Section 3: (This section to be completed by participant)</b>	
I have read the <i>Cash Balance Benefit Program Employment Termination Certification</i> instructions and understand that a separate employer certification must be completed for each Cash Balance Benefit Program and Defined Benefit Program employer for whom creditable service has been performed within the last 12 months. I understand that failure to complete this information constitutes an incomplete application package which will delay the processing of my distribution.	
PARTICIPANT'S SIGNATURE	SIGNATURE DATE (MM/DD/YYYY)



CB1822

# Cash Balance Benefit Program Employment Termination Certification-Instructions

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## COMPLETING THE FORM

Print clearly in blue or black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible. Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, complete a new form or line through the error, make the appropriate correction and initial the correction.

Any errors or omissions on the *Cash Balance Benefit Program Employment Termination Certification* (CB1822) will delay the processing of your benefit application.

You must complete Sections 1 and 3: Completed by Participant. Once completed and signed, you are responsible for ensuring that all employers for whom you have performed any CalSTRS creditable service receives a form and that the employers complete and sign section 2. There must be **one** form for **each** Cash Balance Benefit Program and Defined Benefit Program employer for whom you have performed CalSTRS creditable service within the last 12 months. If you have multiple employers, please make a copy of this form before completion.

Employers must complete and sign Section 2: Completed by Employers. The signature date can be no earlier than the last day of paid employment or the last pay date, whichever is later. Signing section 2 lays responsibility on employers to ensure that all contributions have been reported to CalSTRS by the dates specified and that no negative contribution lines will be reported once the final payroll information has been certified. Employers must complete all requested information.

**NOTE:** The “Last Day of Paid Employment” should be the last day of work.

## Direct Deposit Authorization—Instructions

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Use this *Direct Deposit Authorization* form to enroll, change or cancel direct deposit for your CalSTRS payment. For faster processing, enroll and manage your direct deposit account online using your *myCalSTRS* account at CalSTRS.com.

### SECTION 1—YOUR AUTHORIZATION

**AUTHORIZE:** By checking the AUTHORIZE box, signing and submitting this form, you are authorizing CalSTRS to transmit any benefit payments due by electronic funds transfer to the designated account. Check the AUTHORIZE box to enroll in direct deposit or to change an existing authorization.

Electronic payments to your designated account must meet NACHA requirements. The requirements are designed to comply with U.S. law and impose additional reporting requirements on all electronic payments, including direct deposits that directly involve a financial institution outside the territorial jurisdiction of the United States. Per the State Controller's requirements, if you receive your monthly benefit payment via direct deposit at a U.S. financial institution and then have the entire amount forwarded to a financial institution in another country, you will be issued a paper check in lieu of the direct deposit.

**CANCEL:** By checking the CANCEL box, signing and submitting this form, you are authorizing CalSTRS to cancel an existing direct deposit authorization.

### YOUR INFORMATION

Provide your name, Client ID or SSN, mailing and email addresses, and telephone number. Then sign and date the form on the lines provided.

View and print your current and past benefit payment statements from your *myCalSTRS* account. (Cash Balance Benefit annuity payments are not available to view or print from *myCalSTRS*.)

If you want to receive statements by mail, you can choose to receive them twice a year—in February, with tax table changes, and in October, with the annual benefit adjustment—or every month by checking the appropriate box on the form.

### SECTION 2—YOUR ACCOUNT INFORMATION

**Checking Account Deposits:** Select “Checking” box and attach a voided personal check to this authorization to assist us in verifying your account and routing numbers.

**Savings Account Deposits:** Select “Savings” box and provide your routing number and account number.

### GENERAL INFORMATION

Mail your completed *Direct Deposit Authorization* form to: **CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.**

Generally, your first payment will be deposited into your account within one to two pay periods after we receive the authorization.

**To avoid delay in processing your payments, do not close your old account until your first payment is deposited into your new account.**

Your direct deposit will continue to be deposited into your designated account until we are notified in writing using this form or online using your *myCalSTRS* account that you wish to change or cancel your direct deposit authorization.

To avoid delays in benefits or communications, promptly update changes to your mailing address online using your *myCalSTRS* account or the *Address Change Request* form, available at CalSTRS.com.

**NOTE:** The security of your CalSTRS account is important to us. When you make a change to your direct deposit information, we will send you a letter and an email confirming the change. You cannot opt out of receiving these notifications.

### PRIVACY NOTICE

CalSTRS is authorized by California Education Code sections 24604 and 22450 to collect and use the information on this form for identification and enrollment processing for payment of benefits by direct deposit. The information collected will be disclosed to the State Controller's Office, an originating financial institution and the Federal Reserve Bank for the purpose mentioned. You must provide all information on this form. Failure to provide the mandatory information may result in non-enrollment of your direct deposit, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by CalSTRS upon proper identification. Contact CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

# Direct Deposit Authorization

AS 1130 rev 01/17

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
800-228-5453  
916-414-5474 fax  
CalSTRS.com

Use this form to authorize CalSTRS to send your benefit payments electronically to your designated account, or to change or cancel your current direct deposit authorization. Print clearly in black or blue ink, then mail or fax your completed form to us. **For faster processing, enroll or manage your direct deposit authorization using your myCalSTRS account.**

## Section 1: Your Authorization

I **AUTHORIZE** CalSTRS to directly deposit my benefit payments via electronic funds transfer in the account indicated below. I agree to receive my benefit payment statements (direct deposit advices) electronically unless I request otherwise. I certify that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S. 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/or a fine of up to \$5,000 (Education Code section 22010).

I **CANCEL** my direct deposit authorization. I understand that once my request is processed, I will receive my benefit payments by mail.

LAST, FIRST, INITIAL

CLIENT ID OR SSN

MAILING ADDRESS

TELEPHONE NUMBER

CITY, STATE AND ZIP CODE

EMAIL ADDRESS



SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Your benefit payment statements, except for Cash Balance annuity payments, are provided on myCalSTRS.

To receive your statements by mail, select one:

- Mail my statement twice a year—in February, with tax table changes, and October, with the annual benefit adjustment.
- Mail my statement each month.

## Section 2: Your Account Information (select one)

**Checking:** Attach a voided check from your financial institution here. (Do not attach a deposit slip.)

**Savings:** Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



AS1130



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

MS 1125A rev 01/19

# CALSTRS®

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

As required by Education Code sections 22453 and 26703, the signature of the spouse or registered domestic partner of the CalSTRS member or participant is required on any form in which the CalSTRS member or participant makes a request related to the election, change or cancellation of a CalSTRS benefit, subject to the following exceptions. If you are married or registered as a domestic partner and your spouse or partner did not sign one or more of the forms identified in the "Documents Submitted" section, 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 registered domestic partner (Education Code sections 22454 and 26704). CalSTRS must have a certified copy of the court order before any benefits can be paid. Submit a certified copy of the court order when you receive it.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

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).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Documents Submitted Check the appropriate box for each document you are submitting with this form.

- |   |  |
|---|--|
| <input type="checkbox"/> Service Retirement Application   | <input type="checkbox"/> Add, Change or Cancel Option During Disability Retirement                           |
| <input type="checkbox"/> Reduced Benefit Election   | <input type="checkbox"/> Add, Change or Cancel Option During Disability Retirement, Compound Option Election |
| <input type="checkbox"/> Refund Application   | <input type="checkbox"/> Defined Benefit Supplement Termination Benefit Distribution Election                |
| <input type="checkbox"/> Disability Benefits Application  | <input type="checkbox"/> Defined Benefit Supplement Termination Benefit Election Change                      |
| <input type="checkbox"/> Preretirement Election of an Option  | <input type="checkbox"/> Defined Benefit Supplement Application for Retired Members                          |
| <input type="checkbox"/> Preretirement Compound Option Election   | <input type="checkbox"/> Cash Balance Retirement Benefit Application   |
| <input type="checkbox"/> Compound Option Election   | <input type="checkbox"/> Cash Balance Termination Benefit Application  |
| <input type="checkbox"/> Service Retirement Application Change Request  | <input type="checkbox"/> Cash Balance Disability Benefit Application   |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership) | <input type="checkbox"/> Cash Balance Rollover Distribution  |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement  | <input type="checkbox"/> Special Needs Trust Certification form  |
| <input type="checkbox"/> Annuity Deposit Information  | <input type="checkbox"/> Letter requesting a change  |
| <input type="checkbox"/> Reinstatement After Retirement   |  |
| <input type="checkbox"/> Rollover of Limited-Term Disability Payments   |  |
| <input type="checkbox"/> Disability Allowance to Service Retirement Application   |  |



MS1125A

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