

Beneficiary Designation

CalSTRS Voluntary Investment Program

| Participant Information | | |
|----------------------------|---------------------------|--------------------------------------|
| PARTICIPANT NAME | SOCIAL SECURITY NUMBER | |
| DATE OF BIRTH (DD/MM/YYYY) | DATE OF HIRE (DD/MM/YYYY) | DAYTIME TELEPHONE NUMBER () |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP |

I hereby direct that in the event of my death, all amounts distributable from the CalSTRS VIP shall be paid, delivered or transferred to the following beneficiary(ies). This designation hereby replaces any previous designation of beneficiary that may have been made by me under this 403(b).

| FIRST NAME | MIDDLE INITIAL | LAST NAME | RELATIONSHIP | % OF OWNERSHIP (MUST TOTAL 100%) | PRIMARY OR CONTINGENT BENEFICIARY |
|------------|----------------|-----------|--------------|-------------------------------------|--------------------------------------|
| | | | | | |
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If you are married and you do not designate your spouse as a beneficiary, your spouse's consent is required below and must be witnessed by a notary public.

Check one: I am married I am not married

| | |
|---|--------------------------|
| Sign and Forward This Completed Form To: | |
| CitiStreet | |
| Attn: CalSTRS Plan Administration | |
| P.O. Box 2646 | |
| Lewiston, ME 04241-2646 | _____ |
| DATE (MM/DD/YYYY) | SIGNATURE OF PARTICIPANT |

| | |
|---|---------------------------------|
| Spouse's Consent of Non-Spouse Beneficiary | |
| I declare that I am the participant's spouse. I consent to the designation set out above. I acknowledge that this designation will have the effect of causing the participant's account in the Voluntary Investment Program to be payable at death to someone other than me and I consent to such designation. I declare that I give up any and all interest in the VIP plan assets and relinquish all rights I may have to that property under the community property laws of the state of California. | |
| _____ | _____ |
| SPOUSE'S SIGNATURE | SPOUSE'S SOCIAL SECURITY NUMBER |

| | |
|---|------------|
| Notary Public | |
| State Of _____) | |
| | Ss: |
| County Of _____) | |
| On this _____ day of _____, 20____, before me personally came the above spouse/registered domestic partner to me known to be the individual who signed the above consent knowingly and willingly. | |
| Notary Public _____ | Seal _____ |
| My Term Expires: _____ | |