

If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS' Defined Benefit (DB) Program, you may use this form to elect DB Program membership at any time while employed to perform creditable service.

A permissive election of membership in the DB Program applies to all future creditable service performed for the same or another employer, including any non-member or CalSTRS Cash Balance Benefit (CB) Program service you are currently performing. You may be entitled to elect coverage by the CB Program or California Public Employees' Retirement System (CalPERS) for future eligible service as allowed by law. Please work with your employer if you believe you are entitled to make one of these elections.

A permissive election of membership in the DB Program is irrevocable. Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS DB Program.

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- CalSTRS Client ID* or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address**, City, State and Zip Code
- Date of Birth
- Email Address
- Telephone Number

*If you have already been employed to perform creditable service you will have a CalSTRS Client ID, even if you were not formerly a member. Please provide your CalSTRS Client ID, if you have one, in lieu of your Social Security Number.

**To establish residency for tax purposes, we ask that you provide a street address. Be sure to include any street, apartment or suite number. If your post office does not deliver mail to your street address, you may enter your box number instead. If you reside outside the United States, use the CITY – STATE – ZIP field to provide your foreign address. If you receive your mail in care of a third party, enter "c/o" followed by the third party's name and address.

SECTION 2: EMPLOYEE ELECTION (TO BE COMPLETED BY EMPLOYEE)

If you want to elect membership in the CalSTRS DB Program:

- Check the appropriate box
- Provide your requested membership date***

***You will begin contributing to the DB Program as of your membership date. Your membership date can be no earlier than the first day of the pay period in which your election is made, or your first day of employment, whichever is later. Work with your employer to select the most beneficial, valid membership date you are eligible for. Electing an invalid membership date will require a revision to your election form and may result in delayed contributions to CalSTRS.

If you do not want to elect membership in the CalSTRS DB Program at this time, check the appropriate box.

SECTION 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature.
Return the form to your employer.

SECTION 4: EMPLOYEE POSITION INFORMATION (TO BE COMPLETED BY EMPLOYER)

Provide the position hire date – the date in which the employee was hired to perform creditable service in the position they are making this election for. CalSTRS defers to the employer as to the date in which you consider an employee to be hired. Provide the position title – the title of the position the employee is performing creditable service in.

SECTION 5: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Verify the employee is eligible for the requested membership date.

Provide the following information:

- The employer (county or district) name
- County and district code
- Name and title of employer official completing the form

Sign the form and date your signature.
Submit the form to CalSTRS and retain a copy.

SUBMITTING THE FORM

This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee's signature date and, if applicable, prior to the submission of contributions. Submit the form by mail or the Secure Employer Website.

Mail to:	CalSTRS P.O. Box 15275, MS 17 Sacramento, CA 95851-0275
Secure Employer Website:	Attach the form to a secure message and submit via SEW

Please do not submit this form via email as it may contain personally identifiable information.

QUESTIONS

Employee – contact your employer

Employer – contact CalSTRS Employer Help

Permissive Membership

ES 0350 REV 03/20

[For CalSTRS' Official Use Only]

CALSTRS®

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

PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Employee Election (to be completed by employee)

Check One:

- ☐ I elect membership in the CalSTRS Defined Benefit Program as of:

MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

- ☐ I decline membership in the CalSTRS Defined Benefit Program at this time

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



ES0350

Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

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).

EMPLOYEE SIGNATURE

DATE (MM/DD/YYYY)

Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE

POSITION HIRE DATE

Section 5: Employer Information and Certification (to be completed by employer)

Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement 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).

EMPLOYER OFFICIAL'S SIGNATURE

DATE (MM/DD/YYYY)

EMPLOYER NAME

Lawndale Elementary School District

COUNTY AND DISTRICT CODE

19/520

EMPLOYER OFFICIAL'S NAME AND TITLE

The following instructions are to assist you and your employer in completing the *Retirement System Election form* (ES 0372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election form* (ES 0372) within 60 days after the hire date requiring membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

A member of CalPERS who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a *Retirement System Election form* (ES 0372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

EMPLOYEE NAME and SOCIAL SECURITY NUMBER – Enter employee's full name, and full Social Security Number.

RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

EMPLOYEE SIGNATURE – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that 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 which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election form* (ES 0372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

EMPLOYER:

POSITION HIRE DATE – Enter the date the employee was hired in the position.

POSITION EFFECTIVE DATE – Enter the first date that service was/will be performed by the employee in the new position.

POSITION TITLE – Enter employee's new position title and check the box next to the applicable position type.

CO/DIST CODE/STATE DEPARTMENT – Enter the appropriate county and district codes. Example: Kem

County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

EMPLOYER CERTIFICATION – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and retain a copy of the employee's signed election form.

COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

SUBMIT THE FORM:

The *Retirement System Election* form (ES 0372) must be submitted to the retirement system elected by the employee. For additional requirements, please see the Information section.

Mail completed forms to:

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

CalPERS
P.O. Box 942709 Sacramento, CA 94229-2709

CalSTRS also accepts the form by secure messaging via the Secure Employer Website.

Retirement System Election

ES 0372 REV 06/21

[For CalSTRS' Official Use Only]

CALSTRS®

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

RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

Please read the attached information and instructions before completing this form. Please type or print legibly in dark ink.

SECTION 1: Member Information and Election (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

I am a member of CalSTRS who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)
☐ CA Public Employee's Retirement System (CalPERS) *
☐ A Different Public Retirement System identified here:

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that requires membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

I am a member of CalPERS who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)
☐ CA Public Employee's Retirement System (CalPERS) *



ES0372

With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. 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 or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.

EMPLOYEE SIGNATURE

DATE

SECTION 2: Employer Certification (to be completed by employer and County Office of Education)

With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.

EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

☐ CREDENTIALLED

☐ CLASSIFIED

☐ STATE SERVICE

EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

*CALPERS EMPLOYER CODE

Recipient Designation—Information

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

Important: Be sure to read the instructions carefully before completing this form. **If you submit an incomplete form, we will not accept it. In addition, we must receive your form before your death. Be sure to review your form carefully before submitting it.**

If you're a member of the Defined Benefit Program, use this form to designate your one-time death benefit recipient; if you're a participant of the Cash Balance Benefit Program, use this form to designate your lump-sum payment recipient.

- * Complete and submit this form online using your myCalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

We must receive your form before your death.

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, and 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, any accumulated contributions in your account will be paid to your designated recipients.

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 an Option* form when you are eligible to retire.

CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the lump-sum payment 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, they may elect to receive an annuity in place of a lump-sum payment.

IMPORTANT FACTS

- After we review your form and determine it is complete, we will send you a confirmation letter. **Be sure to keep the confirmation letter with your important documents.**
- 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. This form may or may not remain in effect upon a dissolution of marriage or termination of registered domestic partnership, depending on the circumstances. **It is important to keep this form current.**
- If any of your primary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining primary recipients. If any of your secondary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining secondary recipients. If we are unable to locate a recipient you designated, we will not distribute the benefit payable until the designated recipient is located and confirmed.
- 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 death benefit payable 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. Review your designations regularly to ensure we have the most current and accurate information to pay out the benefits according to your wishes.

Recipient Designation—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 not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on myCalSTRS, or call us at 800-228-5453.

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 email 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. **Important Note: All information marked with an asterisk (*) is required. We will reject your form if any required field is left blank.**

- **Persons**—To designate a person or persons, check the box and provide full name,* address,* telephone number, Social Security number,* birth date* and relationship. Be sure to indicate the percentage.
- **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. Be sure to indicate the percentage.
- **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. Be sure to indicate the percentage.
- **Estate**—To designate your estate, check the box and enter "My Estate" for the recipient's name. Be sure to indicate the percentage.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*. You must designate a percentage for each recipient. If you use percentages, the total must equal 100 percent

for the primary recipient section and 100 percent for the secondary recipient section.

SECTION 4: REQUIRED SIGNATURES

Check all boxes that apply, then 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 their Social Security number and date of birth. For validation purposes, when using myCalSTRS the spouse or partner's signature must be submitted in the same format—handwritten or electronic.

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.

SUBMITTING YOUR FORM

myCalSTRS

Complete and submit your form online using myCalSTRS. It's easy, fast and secure.

Hand Delivery

Hand deliver your form to a local CalSTRS office (visit CalSTRS.com/forms-drop). **Note:** We must receive your form before your death.

Mailing Address

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

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your form to:

CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5783 or 916-414-5784

QUESTIONS

Email your questions using your myCalSTRS account or at CalSTRS.com/contactus, or call 800-228-5453.

Recipient Designation

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

MS 0002 rev 01/20

CALSTRS[®]

California State Teachers' Retirement System

P.O. Box 15275, MS 43

Sacramento, CA 95851-0275

800-228-5453

CalSTRS.com

*** Your form will be rejected if any required field is left blank.**

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. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on myCalSTRS, or call us at 800-228-5453. You may complete and submit this form online using your myCalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

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 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—that are living upon my death—to receive equal amounts, unless otherwise specified, as recipients of any benefits payable under the Teachers' Retirement Law at the time of my death. If any of my primary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining primary recipients. If I survive the primary recipients, I designate the secondary recipients—that are living upon my death—to share equally, unless otherwise specified, as recipients for any benefits payable under law at the time of my death. If any of my secondary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining secondary recipients. 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.

Section 1: Member/Participant Information (*indicates required 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 (*indicates required information)

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: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER*

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

PERCENTAGE*

(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)



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Recipient Designation continued

CALSTRS

*** Your form will be rejected if any required field is left blank.**

Section 2: Primary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

()

MAILING ADDRESS*

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

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

PERCENTAGE*

(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)*

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

()

MAILING ADDRESS*

TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

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

PERCENTAGE*

(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Section 3: Secondary Recipients (*indicates required information)

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: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

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

PERCENTAGE*

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)



MS0002

Recipient Designation continued

CALSTRS

* Your form will be rejected if any required field is left blank.

Section 3: Secondary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS*

()
TELEPHONE

CITY

STATE

ZIP CODE

☐ Person – Relationship: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

SOCIAL SECURITY NUMBER/TIN/EIN*

☐ Organization – Contact Name: _____

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

☐ Trust

PERCENTAGE *

☐ Estate

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

☐ Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary* and the percentages. Percentages must total 100% for all recipients. **Important Note:** All information marked with an asterisk is required. We will reject your form if any required field is left blank.

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 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)



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

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

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER

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



MS0002

*** Your form will be rejected if any required field is left blank.**

Justification for Non-Signature of Spouse or Registered Domestic Partner

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)

If you submit an incomplete form, we will not accept it. Be sure to review your form carefully before submitting it:

- ☐ Did you designate at least one primary recipient and provide all the required 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 100 percent for your 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*?



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