



First Tier Future Election Document

888 CalPERS (or 888-225-7377) • TTY for Speech & Hearing Impaired: (877) 249-7442 Fax: (800) 959-6545

Participant Name: _____ CalPERS ID or SSN: _____

I have read and understand the information included on this document and on the CalPERS website. Accordingly, I wish to make the election as indicated by marking the box and providing my signature below:

Future Service Only including the Cost for Past Second Tier Service

I authorize CalPERS to change my retirement formula from the State Second Tier to the State First Tier. I hereby elect to enroll in the First Tier retirement formula for all future qualifying State Miscellaneous or Industrial service. I understand that the election is on a *prospective* (future) basis for all qualifying State Miscellaneous or Industrial service and is **irrevocable**. After my election to convert my formula to First Tier is processed, my employer will be notified. My employer will then deduct my First Tier contributions and report my payroll to CalPERS. Once my First Tier contribution deductions begin, the cost to purchase my past Second Tier service will be provided to me.

I further understand:

- This election will be effective the first day of the month following the date this election is received by CalPERS
- Increased First Tier retirement contributions will be deducted from my paycheck
- My past credited service will remain under the State Second Tier retirement formula unless I later formally elect to convert my past Second Tier service to the First Tier retirement formula and pay all associated costs.
- At any time prior to retirement and as long as I remain a CalPERS member, I can elect to convert my past Second Tier service to the First Tier retirement formula. I also understand there is a separate cost obligation required for the conversion of my past Second Tier service credit.

Participant Signature: _____ Date: _____

Spouse or Registered Domestic Partner’s Signature:

Government code 21073.7 requires proof that your spouse or registered domestic partner are aware of your selections. Please complete the section below.

Spouse/Domestic Partner’s Signature: _____ Date: _____

I am not legally married nor have a registered domestic partner (select one reason below):

Never married/registered Divorced date: _____ Widowed Date: _____

If your spouse or registered domestic partner is unable to sign, please complete the **Justification for Absence of Spouse’s or Registered Domestic Partner’s Signature** form, available on the CalPERS website, and return with your completed election form.