

Nonmember Service Retirement Election Application

Please do not mail or deliver your application to CalPERS more than 120 days before your retirement date.
 For detailed instructions on how to complete this form, please refer to the publication **Nonmember Service Retirement Election Application** (PUB 44).

Section 1

Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Address			
City	State	ZIP	Country
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	())	())
Gender		Daytime Phone	Alternate Phone
Email Address			

Section 2

Information About Your Retirement

Your Retirement Date (mm/dd/yyyy)

CalPERS Member Information

Complete all fields. We need this information to ensure your benefit is calculated correctly.

Member's Name (First Name, Middle Initial, Last Name)

Member's Social Security Number or CalPERS ID

The effective date is required. This is not the date of separation that was used to divide the CalPERS benefits.

Check the box that applies to you and enter the effective date.

- Dissolution of Marriage _____
Effective Date (mm/dd/yyyy)
- Legal Separation _____
Effective Date (mm/dd/yyyy)
- Termination of Domestic Partnership _____
Effective Date (mm/dd/yyyy)

Please submit a copy of your Notice of Judgment of Dissolution, Legal Separation, or Termination of Domestic Partnership with your application.

Section 3

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

Your retirement payment option choice becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

<input type="checkbox"/> Unmodified Allowance	There is no beneficiary designation with this option. Skip to Section 5.
<input type="checkbox"/> Return of Remaining Contributions Option 1	Complete your beneficiary designation in Section 4c.
<input type="checkbox"/> 100 Percent Beneficiary Option 2	Complete your beneficiary designation in Sections 4a and 4c.
<input type="checkbox"/> 100 Percent Beneficiary Option 2 with Benefit Allowance Increase	Complete your beneficiary designation in Section 4a.
<input type="checkbox"/> 50 Percent Beneficiary Option 3	Complete your beneficiary designation in Sections 4a and 4c.
<input type="checkbox"/> 50 Percent Beneficiary Option 3 with Benefit Allowance Increase	Complete your beneficiary designation in Section 4a.
Flexible Beneficiary Option 4	Choose one of the options below.
<input type="checkbox"/> Specific Percentage	Complete your beneficiary designation in Section 4b.
<input type="checkbox"/> Specific Dollar Amount	Complete your beneficiary designation in Section 4b.

Section 4a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

The beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- 100 Percent Beneficiary Option 2
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase

Name (First Name, Middle Initial, Last Name) _____ Social Security Number or CalPERS ID _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female Nonbinary _____ Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Your Name | Social Security Number or CalPERS ID

Section 4b

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose the following option, name one or more beneficiaries to receive a specific percentage or dollar amount of your retirement benefit upon your death.

- Flexible Beneficiary Option 4

Complete all fields for each beneficiary and specify the percentage or dollar amount. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Dollar Amount | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Dollar Amount | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Dollar Amount | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Dollar Amount | Percent of Benefit
Address
City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Your Name | Social Security Number or CalPERS ID

Section 4c

Complete Your Beneficiary Information – Return of Remaining Contributions

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You can change this beneficiary designation at any time.

- Return of Remaining Contributions Option 1
100 Percent Beneficiary Option 2
50 Percent Beneficiary Option 3

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You

Priority (Primary, Secondary) | Percent of Benefit (%)

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You

Priority (Primary, Secondary) | Percent of Benefit (%)

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You

Priority (Primary, Secondary) | Percent of Benefit (%)

Address

City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You

Priority (Primary, Secondary) | Percent of Benefit (%)

Address

City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 5

Prorated Allowance Beneficiary Designation

All applicants must complete this section.

This section designates the person or persons you wish to receive an equal share of your lump-sum pro rata benefit.

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Priority (Primary, Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Priority (Primary, Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Priority (Primary, Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male, Female, Nonbinary) | Relationship to You
Priority (Primary, Secondary) | Percent of Benefit
Address
City | State | ZIP | Country

Section 6

Tax Withholding Election

Please tell us about your citizenship and residency:

- I am a citizen of another country and live in the United States.
- I am a citizen of the United States and live in the United States.
- I am a citizen of the United States and live in another country.
- I am a non-resident alien.

Provide your country of citizenship and legal residency.

Country of Citizenship

Country of Legal Residency

Step 1: Federal Tax Withholding Election

Please choose only one.

- Do not withhold federal income tax
(Skip to California State Tax Withholding Election at the end of this section if you choose not to withhold federal income tax.)

Withhold federal income tax based on the tax tables for:

- Single or Married - Filing Separately
- Married - Filing Jointly or Qualifying Widow(er)
- Head of Household

Section 6 continues on page 7

Section 6, continued

Tax Withholding Election, continued

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to California State Tax Withholding on the next page. For more information on each step, see pages 8-9 in the publication *Nonmember Retirement Election Application* (PUB 44).

<p>Step 2: Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job/Pension/Annuity)</p> <p>Complete this step if you:</p> <ul style="list-style-type: none"> • have income from a job or more than one pension/annuity; or • are married filing jointly and your spouse receives income from a job or a pension/annuity. <p>a) Job income. If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” \$ _____</p> <p>b) Other Pension and Annuities. If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” \$ _____</p> <p>c) Total: Add the amounts from items (a) and (b) and enter the total here. ></p> <p>TIP:</p> <ul style="list-style-type: none"> • To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. • If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form. 	<p>2</p>	<p>\$ _____</p>
<p>Step 3: Claim Dependent and Other Credits</p> <p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>a) Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>b) Multiply the number of other dependents by \$500. \$ _____</p> <p>c) Add other credits, such as foreign tax credit and education tax credits . . . \$ _____</p> <p>Add the amounts for qualifying children, other dependents, and other credits and enter the total here ></p>	<p>3</p>	<p>\$ _____</p>
<p>Step 4: Other Adjustments (Optional)</p> <p>a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends ></p> <p>b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, enter the amount of deductions here ></p> <p>c) Extra withholding. Enter any additional tax you want withheld from each payment ></p>	<p>4(a)</p> <p>4(b)</p> <p>4(c)</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

Section 6, continued

Tax Withholding Election, continued

California State Tax Withholding Election

Please choose only one.

Do not withhold State of California income tax.

State withholding is optional for out-of-state residents.

Withhold State of California income tax based on the tax tables for:

Single or Married (with two or more incomes) Number of allowances: _____

Married (one income) Number of allowances: _____

Head of Household. Number of allowances: _____

Additional amount, if any, you want withheld from your pension or annuity payment \$ _____

(Note: You cannot enter an amount here without entering a filing status and the number, including zero, of allowances.)

Designated amount you would like to withhold from each pension or annuity program \$ _____

Section 7

Direct Deposit Information

*To comply with NACHA regulations regarding international ACH transactions, CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

I certify I am entitled to receive this payment. I authorize my retirement payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.*

Checking Savings Joint Trust Account **

Routing Number (nine digits) Account Number

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete the information below.

Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.) Name of Financial Institution Branch Phone Number Address City State ZIP You confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above. Signature of Representative Print Representative's Name Date (mm/dd/yyyy)

** Trust Account

You also need to complete and submit a Request for Payment of Monthly Allowance to a Trust form available at www.calpers.ca.gov and a copy of the Certification of Trust from your trust document.

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at my.calpers.ca.gov.

Information About Joint Account Holder, if applicable

Name Social Security Number or CalPERS ID Address Daytime Phone City State ZIP

Your Name | Social Security Number or CalPERS ID

Section 8

Nonmember Signature and Notary

This section must be completed or your application will be returned.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application or to change my elected retirement payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.

Your Signature | Date (mm/dd/yyyy)

Your signature must be notarized by a notary public or witnessed by a CalPERS representative.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____

On _____ before me, _____

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative | Position Title | Date (mm/dd/yyyy)
Print Name | CalPERS Office (if applicable)