

One-Time Death Benefit Recipient Information

DESIGNATION FOR THE DEFINED BENEFIT AND DEFINED BENEFIT SUPPLEMENT PROGRAMS

Under the CalSTRS Defined Benefit Program, this form is for designating recipients to receive the one-time death benefit payable in the event of your death. If you are an active member at the time of your death, any accumulated contributions in your account will be paid to your designated recipients only if you did not select 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.

Under the CalSTRS Defined Benefit Supplement Program, if your death occurs before retirement, the recipients you designate on this form may be eligible to select an ongoing annuity or a lump-sum payment. If your death occurs after retirement, the recipients you designate may be eligible for the ongoing annuity you selected at the time of your retirement.

ELIGIBILITY REQUIREMENTS FOR THE DEFINED BENEFIT PROGRAM

Your designated recipients are eligible to receive the one-time death benefit if you:

1. Were receiving a service retirement benefit or disability retirement benefit at the time of death.
2. Had earned at least one year or more of service credit and your death occurred during one of the following periods:
 - While employed and receiving creditable compensation.
 - While receiving or eligible to receive a disability allowance.
 - Within four months after you terminated employment or had last earned service credit.
 - Within four months after your disability allowance was terminated, if no service was performed.
 - Within 12 months of the last day for which creditable compensation is paid, if you were on an approved leave of absence without compensation for reasons other than disability or military service.

3. Had worked part time and your death occurred within four months after ending employment or earning service credit.

In addition to these qualifications, if you took a refund of contributions or reinstated after retirement, you must also have:

- Earned one year of service credit, or
- Six months must have elapsed since reinstatement from disability retirement.

IMPORTANT FACTS

This form does not designate a beneficiary to receive a continuing monthly retirement option upon your death nor does it alter existing option choices.

This form remains in effect until either a new *One-Time Death Benefit Recipient* form is submitted, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. ***It is important to keep this form current.***

To be valid, a completed form must be received and accepted by CalSTRS before your death.

If your designated primary recipients die before you, any benefit due will be paid to your secondary recipients, unless you submit a new form. If we are unable to locate your designated recipients, the one-time death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.

For more information, see the *Member Handbook*, available at www.CalSTRS.com or by calling 800-228-5453.

One-Time Death Benefit Recipient Instructions

Print clearly in dark ink, or type all information requested. Do not use light colors of ink, pencil or erasable ink. **You must initial any corrections on the form to meet minimum requirements.**

SECTION A—MEMBER INFORMATION

Enter your Client ID or Social Security number, birth date, full name, telephone number and complete mailing address.

SECTIONS B AND C—PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name any living person, an estate, a trust, a corporation, a charitable or parochial institution or a public entity as your recipients. If there is more than one recipient, you can designate a percentage for each recipient to receive. If no percentage is given, the recipients will receive equal amounts.

- **Persons**—Provide their Social Security number, full name, relationship, birth date, address and telephone number.
- **Estate**—To designate your estate, enter the phrase “My Estate” for the recipient’s name. Upon your death, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code section 13101.
- **Trust**—If you want a trust to be the payee, enter the name of the trust, the trustee’s name, the trustee’s address and the date of creation instead of a birth date. CalSTRS will contact the trustee and pay benefits to the trust. It is not necessary to provide the trust document at this time.
- **Organization**—If you wish to designate an organization, enter the name and address of the organization and the organization’s tax identification number.

SECTION D—REQUIRED SIGNATURES

Please sign and date your form. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your form.

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* section on the reverse side of the form.

If you divorced or terminated a domestic partnership while a member, we may request that you provide a judgment of dissolution or legal separation, or termination of domestic partnership.

SECTION E—ADDITIONAL RECIPIENTS

To designate more recipients, additional space is provided on page 2 of the form. Indicate whether the recipients you are designating are primary or secondary recipients by entering “P” for primary or “S” for secondary in the appropriate box.

Valid forms will be processed and filmed. Please retain a copy of the form for your records. You can view your one-time death benefit recipient information online using *myCalSTRS* at www.CalSTRS.com.

Questions? Contact us at 800-228-5453 or go to www.CalSTRS.com/contactus to send us a secure message.

PRIVACY NOTICE

The California State Teachers’ Retirement System is authorized to maintain *One-Time Death Benefit Recipient* designations in accordance with Education Code section 23300. Submission of this designation is voluntary. However, if you do not designate a recipient, the possibility exists that the benefits due at the time of your death may not be paid in accordance with your wishes.

You have the right to review your files maintained by CalSTRS upon request and submission of proper identification. You can contact us at 800-228-5453.

One-Time Death Benefit Recipient

MS0002 (Rev. 6/09)

CALSTRS

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

Section A Member Information

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER		
ADDRESS (STREET)			DATE OF BIRTH (MM/DD/YYYY) ()		
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	HOME TELEPHONE	

I hereby revoke any previous designations and designate the following primary recipients to receive equal amounts, unless otherwise specified herein, or the survivors among them, as recipients for any benefit payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, then I designate the following secondary recipients share equally unless otherwise specified, or the survivors among them, as recipients for any benefit under the Teachers' Retirement Law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death under said law shall be paid to my estate. This form does not designate a beneficiary to receive a continuing monthly retirement benefit. This is solely for members of the Defined Benefit and Defined Benefit Supplement programs.

Section B Primary Recipients or Trust

Primary Recipients

SOCIAL SECURITY NUMBER					NAME (LAST, FIRST, INITIAL)					PERCENTAGE _____ ()					TELEPHONE NUMBER				
BIRTHDATE			RELATIONSHIP			ADDRESS			CITY			STATE			ZIP CODE				

Trust

TRUST NUMBER					TRUST NAME					PERCENTAGE _____ ()					TELEPHONE NUMBER				
TRUST DATE			ADDRESS			CITY			STATE			ZIP CODE							

Section C Secondary Recipients or Trust

Secondary Recipients

SOCIAL SECURITY NUMBER					NAME (LAST, FIRST, INITIAL)					PERCENTAGE _____ ()					TELEPHONE NUMBER				
BIRTHDATE			RELATIONSHIP			ADDRESS			CITY			STATE			ZIP CODE				

Trust

TRUST NUMBER					TRUST NAME					PERCENTAGE _____ ()					TELEPHONE NUMBER				
TRUST DATE			ADDRESS			CITY			STATE			ZIP CODE							

Check box if additional recipients are listed on the back of this form.

Section D Required Signatures *Please 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 page 2.
- I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- I am or have been divorced or have terminated a registered domestic partnership. Date: _____ (MM/DD/YYYY)

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

MEMBER SIGNATURE	DATE (MM/DD/YYYY)	SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE	DATE (MM/DD/YYYY)
------------------	-------------------	---	-------------------



MS0002

