



Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

Section 1

Provide the address you would like your estimated retirement allowance sent to.

Information About You

Name of Member (First Name, Middle Initial, Last Name) _____ Social Security Number _____

Birth Date (mm/dd/yyyy) _____ () Daytime Phone _____ () Evening Phone _____

Address _____

City _____ State _____ ZIP _____

Section 2

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

Retirement Information

Type of estimate for your retirement allowance Service Disability Industrial Disability

Employer _____ Projected Retirement Date (mm/dd/yyyy) _____

Are you a member of another retirement system that has established reciprocity with CalPERS? No Yes

Name of System _____ Estimate Final Compensation Amount _____

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

No Yes, from _____ to _____
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

For an additional Temporary Annuity allowance, you elect to reduce your monthly allowance for life. No Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until

age _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until

age _____ in the amount of \$ _____ per month.
(59 1/2 or whole age 60 to 68) Dollars

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary _____ Relationship to You _____ Birth Date (mm/dd/yyyy) _____

Section 4

Information About Your Survivor Continuance

Do you have an eligible survivor? No Yes

Section 5

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W and Unmodified Allowance. If these do not meet your needs, you may request one of the approved Option 4 types listed at right.

Your Option 4 Retirement Options

Option 2W & Option 1 combined Option 3W & Option 1 combined

Specific Percentage to Beneficiary _____ % Specific Dollar Amount to Beneficiary \$ _____
Percentage Amount

Reduced Allowance by _____ through _____
Percentage or Dollar Amount Date (mm/yyyy)

Multiple Lifetime Beneficiaries _____
Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)

Reduced Allowance Upon Death of Member or Beneficiary \$ _____
Reduction Amount

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

Section 1

Information About You

Name: Provide your first name, middle initial, and last name.

Social Security Number: Provide your Social Security Number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Section 2

Information About Your Retirement Estimate

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with ten years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the *When You Change Retirement Systems* publication.

Final Compensation Period: Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. **Only** enter information for the final compensation period if you wish to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

Temporary Annuity is an additional monthly income you may choose to augment your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. If your CalPERS membership date is prior to 01/01/2002, you may choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 01/01/2002, you may choose any whole age 62-70. You can also name the dollar amount you wish to receive (certain limitations apply, please refer to the Temporary Annuity publication). If your CalPERS membership date is on or after 01/01/2002 the amount of Temporary Annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the *Temporary Annuity* publication.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

A **beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

Relationship to You: A beneficiary can be a spouse, child, friend, etc.

Beneficiary Birth Date: Provide month, day, and complete year.

Section 4

Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuance you must be married or have a domestic partner legally recognized in California on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least ½ of their support.

Section 5

Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W). If none of these meets your needs, you may request one of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the *Retirement Option 4* publication.