

CALSTRS

HOW WILL YOU SPEND YOUR FUTURE?

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM

P.O. BOX 15275 SACRAMENTO CA 95851-0275

TOLL FREE 1-800-228-5453

OR (916) 229-3570

TDD HEARING IMPAIRED (916) 229-3541

RETIREMENT SYSTEM ELECTION

ES 372 (09/08)

<p>PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM PLEASE TYPE OR PRINT LEGIBLY IN DARK INK</p>	<p>CalSTRS USE ONLY</p>
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TO BE COMPLETED BY EMPLOYEE

Name: (Last) _____ (First) _____ (Initial) _____ Social Security Number: _____

EFFECTIVE DATE (Mo/Day/Yr)		POSITION TITLE
		<input type="checkbox"/> Credentialed <input type="checkbox"/> Classified <input type="checkbox"/> State Service

Employment in the California public school system is generally subject to coverage by either the California State Teachers' Retirement System (CalSTRS) or the California Public Employees' Retirement System (CalPERS). Employment in a position to perform "creditable service," as defined in Education Code Section 22119.5, is usually credited in CalSTRS, while classified (non-certificated) employment is usually credited in CalPERS.

A member of CalSTRS who becomes employed by the same or a different school district, a community college district, a county superintendent of schools or limited state employment to perform service that requires membership in CalPERS will have that service credited with CalPERS unless he/she files a written election (within 60 days from the date of hire in the new position) to have the service credited with CalSTRS.

A member of CalPERS who is employed by a school employer, Board of Governors of Community College Districts or State Department of Education or has at least five years of CalPERS credited service, as defined in Government Code Section 20309, and who subsequently becomes employed to perform creditable service that requires membership in CalSTRS, will have that service credited with CalSTRS unless he/she files a written election (within 60 days of the date of hire in the new position) to have the service credited with CalPERS.

You are a member of CalSTRS who has accepted employment to perform service that requires membership in CalPERS but you may elect to continue retirement system coverage under CalSTRS. Please enter an "X" in the box next to the coverage you elect.

CALIF STATE TEACHERS' RETIREMENT SYSTEM

CALIF PUBLIC EMPLOYEES' RETIREMENT SYSTEM *

OR

You are a member of CalPERS who has accepted employment to perform service that requires membership in CalSTRS but you may elect to continue coverage under CalPERS. Please enter an "X" in the box next to the coverage you elect.

CALIF PUBLIC EMPLOYEES' RETIREMENT SYSTEM *

CALIF STATE TEACHERS' RETIREMENT SYSTEM

I decline membership in both CalPERS and CalSTRS. I am participating in _____

I fully understand that this election is irrevocable for this employer.

EMPLOYEE SIGNATURE	DATE

EMPLOYER CERTIFICATION

I have provided the employee with a copy of *Join CalSTRS? Join CalPERS?* and certify that the employee meets the qualifications to make a retirement system election.

CO/DIST/STATE DEPT NAME	CO/DIST CODE OR STATE DEPT
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SCHOOL/STATE OFFICIAL'S NAME	TITLE
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SIGNATURE OF SCHOOL/STATE OFFICIAL	DATE

COUNTY OFFICIAL'S NAME	TITLE
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SIGNATURE OF COUNTY OFFICIAL	DATE

*CalPERS Employer Code: _____

Acknowledgment of Receipt of Election Information Retirement System Coverage

MS-373 (REV. 4-2007)

A member of the California Teachers' Retirement System (CalSTRS) Defined Benefit Plan who changes employment in a school district, community college district or county superintendent of schools, to a position covered by another California public retirement system may elect to continue coverage by CalSTRS for public school service subject to membership in the other public retirement system. The member must make the election within 60 days following the date of hire into the new position.

Education Code Section 22509 requires employers to provide all employees who have such a change in employment with information regarding their right to elect to continue CalSTRS membership pursuant to Education Code Section 22508. **Within 10 working days** of the date of hire, the employer must inform the employee of the right to make an election and must make available to the employee written information provided by the retirement systems to assist the employee in making an election. Any election made pursuant to Section 22508 must be filed with CalSTRS and the other public retirement system. Once received and accepted by CalSTRS, the election becomes effective as of the first day of employment in the position that qualified the member to make an election.

Please Type or Print Legibly in Black Ink

EMPLOYEE IDENTIFICATION			
Name: (Last)	(First)	(Initial)	Social Security Number: - - -
Position Title:			Effective Date of Hire: / /

EMPLOYEE CERTIFICATION	
<i>I have received information concerning the Retirement System Election, the CalSTRS Defined Benefit Plan and the other public retirement system that usually covers the service performed in my new position.</i>	
Signature ➤	Date ➤

EMPLOYER CERTIFICATION	
<i>I certify that the above named employee has been informed of his or her right to elect to continue membership in the CalSTRS Defined Benefit Plan, and has been given information provided by both retirement systems pursuant to Education Code Section 22509.</i>	
Officials Name & Title:	
County (or Other Employing Agency):	District:
Signature ➤	Date ➤

One-Time Death Benefit Recipient

MS0002 (Rev. 2/09)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 65
Sacramento, CA 95851-0275
800-228-5453 TTY 916-229-3541
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).

MEMBER SIGNATURE

DATE (MM/DD/YYYY)

SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE

DATE (MM/DD/YYYY)



MS0002

Section E Additional Recipients

Be sure to indicate whether your recipient is a P=Primary or S=Secondary

P or S	%	Social Security Number	Name/Trust			Relationship & Birth Date/Trust Date	Address		
			Last	First	M.I.		City	State	Zip Code

Section F Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as this *One-Time Death Benefit Recipient* form, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this designation, 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 partner.
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse 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 partner has been advised of the recipient designated and 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 partner. (CalSTRS must have a certified copy of the court order before any benefits can be paid. Please submit a certified copy of the court order when you receive it.) Education Code section 22454

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 SIGNATURE

DATE (MM/DD/YYYY)