One-Time Death Benefit Recipient *Information*

CALSTRS
California State Teachers' Retirement System
P.O.Box 15275, M.S. 82
Sacramento, CA 95851-0275
(800) 228-5453; TDD (916) 229-3541
www.calstrs.com

DESIGNATION FOR THE DEFINED BENEFIT AND DEFINED BENEFIT SUPPLEMENT PROGRAMS

Under the Defined Benefit Program this form is for the purpose of designating recipient(s) to receive the One-Time Death Benefit payable in the event of your death. Any accumulated contributions in your account, plus any allowance accrued and unpaid on the date of death, will be paid to the designated recipient(s), subject to the following provisions. These benefits will be paid only if no Option Beneficiary was selected 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, if you are an active member.

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

ELIGIBILITY REQUIREMENTS FOR THE DEFINED BENEFIT PLAN

The designated recipient(s) is eligible to receive the one-time death benefit if you:

1. Were receiving a service retirement allowance or disability retirement allowance 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 in employment for which creditable compensation is paid; or
   - while receiving or eligible to receive a disability allowance; or
   - within four months after you terminated employment or had last earned service credit; or
   - within four months after termination of a disability allowance, if no service was performed; or
   - 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; or
3. If you work part time, your death must have occurred within four months after ending employment or earning service credit. In addition to these qualifications, if you had taken a refund of contributions or had 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 allowance upon your death, nor does it alter existing option choices. For more information on options, please see your local Benefits Counselor, or contact us at 800- 228-5453.

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

1. A completed form must be received and accepted by CalSTRS before your death to be valid.
2. If your designated primary recipient(s) predeceases you, any benefit due will be paid to your secondary recipient(s), unless you file a new form. If CalSTRS is unable to locate your designated recipient(s), 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.
3. For more information, the *Member Handbook* and Teletalk messages, under Category 500, are available at www.calstrs.com or 800-228-5453, where you can also download or order additional forms.

One-Time Death Benefit Recipient
Instructions

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Print clearly in DARK INK, or type all information requested. Do not use light colors of ink, pencil or erasable ink. Any corrections on the form must be initialed by the member to meet minimum requirements.

SECTION A—MEMBER INFORMATION

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

SECTIONS B AND C—PRIMARY AND SECONDARY RECIPIENT(S) 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 recipient(s).

- **Person(s) —** Provide their Social Security number, full name, relationship, birth date, address and telephone number.
- **Estate —** To designate your estate, enter the phrase “My Estate” instead of the recipient(s) name. Upon your demise, 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, DO NOT list recipient(s). 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, address of the organization and the organization tax identification number.

SECTION D—SIGNATURES CHECKLIST

❑ **Signature Date —** The member’s signature must be dated for the form to be valid.

❑ **Sign the *One-Time Death Benefit Recipient* form with your usual signature.** By signing the form you are authorizing CalSTRS to release information as necessary to pay the benefits due.

❑ **Signature of Spouse or Registered Domestic Partner**

- If you are not married or registered as a domestic partner, check the box “I am not married;” **or**
- If you are married or registered as a domestic partner, your spouse or partner ***must*** sign the form; **or**

- Check the box that indicates your spouse or registered domestic partner has not signed the form. You must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the reverse side of the form.

SECTION E—ADDITIONAL RECIPIENTS

To designate more recipient(s), 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.

Questions? Contact CalSTRS at 800-228-5453, or TDD for the hearing impaired 916-229-3541. You can also click on *Contact Us* at www.calstrs.com to send a secure message.

Individual Privacy and Access to Records: 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 a recipient is not designated, 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 may contact us at 800-228-5453.

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Section A Member Information

E-MAIL ADDRESS: ______________________

NAME (LAST, FIRST, INITIAL) | SOCIAL SECURITY NUMBER

ADDRESS (STREET) | DATE OF BIRTH (MM/DD/YYYY)

CITY | STATE | ZIP CODE | HOME TELEPHONE ( )

I hereby revoke any previous designation(s) and designate the following primary recipient(s) to share and share alike, unless otherwise specified herein, or the survivor(s) among them, as recipient(s) for any benefit payable under the Teachers' Retirement Law at the time of my death. In the event I survive the primary recipient(s) designated below, then I designate the following secondary recipient(s), share and share alike unless otherwise specified, or the survivor(s) among them, as recipient(s) for any benefit payable under the Teachers' Retirement Law at the time of my death. Should 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 option benefit. This is solely for the members of the Defined Benefit and Defined Benefit Supplement Plans.

Section B Primary Recipient(s) or Trust

SOCIAL SECURITY NUMBER | NAME/TRUST (LAST, FIRST, INITIAL) | TELEPHONE NUMBER ( )

BIRTHDATE/TRUST DATE | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP

SOCIAL SECURITY NUMBER | NAME/TRUST (LAST, FIRST, INITIAL) | TELEPHONE NUMBER ( )

BIRTHDATE/TRUST DATE | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP

Section C Secondary Recipient(s) or Trust

SOCIAL SECURITY NUMBER | NAME/TRUST (LAST, FIRST, INITIAL) | TELEPHONE NUMBER ( )

BIRTHDATE/TRUST DATE | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP

SOCIAL SECURITY NUMBER | NAME/TRUST (LAST, FIRST, INITIAL) | TELEPHONE NUMBER ( )

BIRTHDATE/TRUST DATE | RELATIONSHIP | ADDRESS | CITY | STATE | ZIP

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

Section D Member Signature

❏ I certify under penalty of perjury that: I am not legally married or registered as a domestic partner; I have never married or registered as a domestic partner; or I am divorced, or have terminated or dissolved my domestic partnership; or my spouse or partner has died.

SIGNATURE OF MEMBER | DATE

Signature of Spouse or Registered Domestic Partner

If no signature of spouse or registered domestic partner, the following box must be checked:

❏ I am married or registered as a domestic partner, but my spouse or registered domestic partner did not sign. Please complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on page 2.

SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

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HOW WILL YOU SPEND YOUR FUTURE?

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 Last First M.I.	Relationship & Birth Date/Trust Date	Address City State Zip

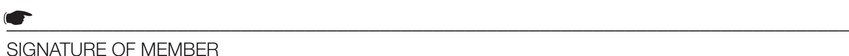
Section F Justification for Non-Signature of Spouse or Registered Domestic Partner

Pursuant to Education Code Section 22453, any request related to the selection of benefits by a member or retiree in which a spousal or registered domestic partner (partner) interest may be present, such as a *One-Time Death Benefit Recipient* form, shall contain the signature of the spouse or partner of the member, unless a specified condition exists. If the member is married or registered as a domestic partner and his or her spouse or partner does not sign this designation, the following section MUST be completed and signed by the member to validate this *One-Time Death Benefit Recipient* form.

I am married or registered as a domestic partner, but my spouse or partner did not sign this *One-Time Death Benefit Recipient* form because either *(appropriate box must be checked to make it valid):*

- ❏ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner; or
- ❏ My spouse or partner has been advised of the recipient designated and has refused to sign the acknowledgment. Court action 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 on file before any benefits can be paid. Please submit a certified copy of the court order as soon as you receive it.) Education Code Section 22454; or
- ❏ My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; (Please submit a doctor's statement certifying the condition); or
- ❏ My spouse or partner has no identifiable community property interest in my benefits (Please submit a certified copy of a legal document); or
- ❏ My spouse or partner and I have executed a marriage or registered domestic partner settlement agreement which makes the community property law inapplicable to the marriage or registered domestic partnership. (Please submit a certified copy of the agreement).

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



SIGNATURE OF MEMBER ____________________ DATE (MM/DD/YYYY) ____________________