

Cash Balance Postretirement Special Needs Trust Election—Instructions

Use this form if you are a retired Cash Balance Participant receiving a 100% Beneficiary Annuity, 75% Beneficiary Annuity or 50% Beneficiary Annuity and want to name a special needs trust as your annuity beneficiary. Changing your annuity beneficiary to a special needs trust will not result in any penalty. The beneficiary of the special needs trust must be the same person as your current annuity beneficiary and the trust must:

- Be irrevocable and for the sole benefit of a single beneficiary.
- Satisfy the requirements of subparagraph (A) or (C) of paragraph (4) of subdivision (d) of Section 1396p of Title 42 of the United States Code.
- Satisfy the requirements of Section 1.401(a)(9)-4 of Title 26 of the Code of Federal Regulations.

Note: Complete the *Recipient Designation* form to name a one-time death benefit recipient. See the *Member Handbook* at CalSTRS.com/publications for more information.

SECTION 1: PARTICIPANT INFORMATION

Include your mailing and email addresses, and home and alternate telephone numbers so we can contact you if we have any questions. Be sure your name on your form matches your name as it appears on your Social Security card. If you know it, include your Client ID instead of your Social Security number. You can find your Client ID on your *Retirement Progress Report*.

SECTION 2: BENEFICIARY DESIGNATION

You can change your current annuity beneficiary to a special needs trust; however, you cannot change your annuity type. All fields are required. Check the appropriate box that corresponds with the annuity type you elected at retirement.

SECTION 3: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date this form. Your signature date is the date you signed this form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date the form.

If your spouse or registered domestic partner does not sign the form, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefit was awarded to a former spouse or partner, check that box. You may need to refer to your settlement agreement to make this determination. In addition, if your court documents have not been reviewed by CalSTRS, we may ask you to provide them.

ADDITIONAL REQUIRED FORMS

The *Certification of a Special Needs Trust* form (SR 1854) must accompany this form. You can find that form online at CalSTRS.com/forms, or call 800-228-5453 to have a form mailed to you.

SUBMITTING YOUR FORM

Mail Your Form

CalSTRS
P.O. Box 15275, MS 60
Sacramento, CA 95851-0275

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your form to:

CalSTRS
Service Retirement
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5040

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Cash Balance Benefit Program Postretirement Special Needs Trust Election

CB 1855 new 04/17

CALSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 60
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Note: Complete this form if you are a retired Cash Balance participant receiving a 100% Beneficiary Annuity, 75% Beneficiary Annuity or 50% Beneficiary Annuity and wish to name a special needs trust as your annuity beneficiary.

A special needs trust can be named as your annuity beneficiary only if your current annuity beneficiary is the sole recipient of the special needs trust. Your annuity type must remain the same.

The *Certification of a Special Needs Trust* form (SR 1854) must accompany this form.

Section 1: Participant Information

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER	
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	
			()	()
CITY	STATE	ZIP CODE	HOME TELEPHONE	ALTERNATE TELEPHONE
EMAIL ADDRESS				

Section 2: Beneficiary Designation

NAME OF SPECIAL NEEDS TRUST		TRUST TAX ID
NAME OF PRIMARY BENEFICIARY OF TRUST	DATE OF BIRTH	SOCIAL SECURITY NUMBER

You must indicate the annuity type that you elected at retirement.

I hereby designate the above special needs trust to be my:

- 50% Beneficiary Annuity
- 75% Beneficiary Annuity
- 100% Beneficiary Annuity

Continued on reverse side.



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Section 3: Required Signatures

Check all that apply to your current and previous marital status.

- 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 registered domestic partner did not sign below. I have completed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- I have never been married or in a registered domestic partnership **or**
I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

Signatures

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



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)