

Judges' Retirement System**JUDGES' RETIREMENT APPLICATION**

Important: Your application should be mailed directly to the Judges' Retirement System no more than 120 days before your retirement date. Please forward your retirement application, together with a copy of your birth certificate and all other required documents.

Section 1 – Judges' Retirement System Member Information

First Name Middle Initial Last Name Social Security Number or CalPERS ID

Mailing Address Male Female Date of Birth (mm/dd/yyyy)

City () Home Phone

State Zip Code Country Work Phone

Section 2 – Retirement Information

Current Court Type: Supreme Appellate Superior

Retirement Date (Last Day on Payroll - mm/dd/yyyy) County and/or District Name, or Appellate District & Division

Allowance Commencement Date (mm/dd/yyyy)

Other California Public Retirement Systems: Yes No If yes, complete the section below.

Name of System Date of Retirement (mm/dd/yyyy)

Date of Service Credited: _____
From To

Section 3 – Survivor Continuance

Spouse/Registered Domestic Partner's Name (First, Middle Initial, Last) Social Security Number

Date of Birth (mm/dd/yyyy) Date of Marriage/Registered Partnership (mm/dd/yyyy) Male Female

Section 4 – Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your retirement payment option and designating your beneficiary. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 4a-4c. Please also include a copy of your spouse/registered domestic partner's birth certificate and a copy of your marriage certificate and/or a copy of your beneficiary's birth certificate. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Select only one payment option.

<input type="checkbox"/> Unmodified Allowance Option	There is no beneficiary designation with this option and there is no return of contributions. Skip to Section 5.
<input type="checkbox"/> Return of Remaining Contributions Option 1	Complete your beneficiary designation in Section 4c
<input type="checkbox"/> 100 Percent Beneficiary Option 2	Complete your beneficiary designation in Section 4a and 4c
<input type="checkbox"/> 100 Percent Beneficiary Option 2 with Benefit Allowance Increase	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> 50 Percent Beneficiary Option 3	Complete your beneficiary designation in Section 4a and 4c
<input type="checkbox"/> 50 Percent Beneficiary Option 3 with Benefit Allowance Increase	Complete your beneficiary designation in Section 4a
<input type="checkbox"/> Flexible Beneficiary Option 4 <input type="checkbox"/> Specific Dollar Amount <input type="checkbox"/> Specific Percentage	Choose one of the options below: Complete your beneficiary designation in Section 4b Complete your beneficiary designation in Section 4b

Name

Social Security Number or CalPERS ID

Section 4 Continued – Select Your Retirement Payment Option and Beneficiary

Court-Ordered Community Property Option 4 – If you are required by a court order to designate your former spouse/registered domestic partner for an ongoing monthly benefit, choose one of the Court-Ordered Community Property Option 4 options for your share of the benefit.

Provide your former spouse/registered domestic partner’s information and choose one of the options below for your share of the benefit.

Former Spouse/Registered Domestic Partner Name

Social Security Number or CalPERS ID

Date of Birth (mm/dd/yyyy)

Unmodified Allowance

There is no beneficiary designation with this option and there is no return of contributions. Skip to Section 5.

Return of Remaining Contributions Option 1

Complete your beneficiary designation in Section 4c

Specific Dollar Amount

Complete your beneficiary designation in Section 4b

Specific Percentage

Complete your beneficiary designation in Section 4b

Section 4a – Individual Lifetime Beneficiary – Ongoing Monthly Benefit

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- **100 Percent Beneficiary Option 2**
- **100 Percent Beneficiary Option 2 with Benefit Allowance Increase**
- **50 Percent Beneficiary Option 3**
- **50 Percent Beneficiary Option 3 with Benefit Allowance Increase**

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Address

City

State

Zip

Country

Name

Social Security Number or CalPERS ID

Section 4b – Specific Dollar Amount or Specific Percentage Beneficiary(ies)

If you chose one of the following options, name one or more beneficiaries to receive a specific dollar amount or specific percentage of your benefit upon your death. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

- Flexible Beneficiary Option 4/Specific Dollar Amount or Specific Percentage
- Court-Ordered Community Property Option 4/Specific Dollar Amount or Specific Percentage

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Dollar Amount or Percent of Benefit

Address

City

State

Zip

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Dollar Amount or Percent of Benefit

Address

City

State

Zip

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Dollar Amount or Percent of Benefit

Address

City

State

Zip

Country

Name

Social Security Number or CalPERS ID

Section 4c – Return of Remaining Contributions

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You may change this beneficiary designation at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

- Return of Remaining Contributions Option 1
- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3
- Court-Ordered Community Property Option 4/Return of Remaining Contributions Option 1

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Address

City

State

Zip

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Address

City

State

Zip

Country

Name (First Name, Middle Initial, Last Name)

Social Security Number

Male Female

Date of Birth (mm/dd/yyyy)

Gender

Relationship to You

Address

City

State

Zip

Country

Name _____

Social Security Number or CalPERS ID _____

Section 5 – Member Signature and Notary

I hereby certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to change or cancel this application, I must notify the Judges' Retirement System within 30 days of the issuance of my first retirement allowance check.

I am not married/in a registered domestic partnership

Member's Signature _____

Date (mm/dd/yyyy) _____

Spouse/Registered Domestic Partner's Signature _____

Date (mm/dd/yyyy) _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____, personally appeared,
(Date-mm/dd/yyyy) (Name & Title of Officer or CalPERS Representative)

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)

Justification for Non Signature of Spouse or Registered Domestic Partner

The member's current spouse/registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse/registered domestic partner of a member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation for retirement death benefits.

If a spouse/registered domestic partner's signature does not appear on one of the above named documents, the following information **MUST** be completed by the member and submitted with the application for retirement.

Judges' Retirement System Judges' Retirement System II Legislators' Retirement System

Name

Social Security Number or CalPERS ID

I am not legally married or have a registered domestic partnership because:

Never married/or had a registered domestic partner

Divorced/marriage or domestic partnership annulled _____
Date (mm/dd/yyyy)

Widowed _____
Date (mm/dd/yyyy)

I am legally married or have a registered domestic partner, but my spouse/registered domestic partner did not sign the form because:

I do not know and have taken all reasonable steps to determine the whereabouts of my spouse/registered domestic partner,

My spouse/registered domestic partner has been advised of the application and has refused to sign the acknowledgment,

My spouse/registered domestic partner is incapable of executing the acknowledgment because of an incapacity mental or physical condition,

My spouse/registered domestic partner has no identifiable community property interest in the benefit,

My spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement, which makes the community property law inapplicable to the marriage/partnership.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Member's Signature

Date (mm/dd/yyyy)

Judges' Health and Dental Declaration

Member Information

Name

Social Security Number or CalPERS ID

Retirement Date (mm/dd/yyyy)

Commencement Date of Allowance (mm/dd/yyyy)

- I am currently enrolled in a state medical and/or dental plan and elect to enroll into the plans indicated below at retirement.
- I do not elect to continue my state sponsored medical and/or dental insurance at this time. I understand that even though I was previously eligible for coverage as an active member, I have been informed that this election will not affect my future eligibility for state sponsored coverage and that I may elect coverage within 60 days of retirement or during any future open enrollment period.
- I am not currently enrolled in a state medical and/or dental plan and elect to enroll into the plans indicated below at retirement.

Health Carrier Information

Name of Medical Plan _____ Total Enrollees on Plan: _____

Name of Dental Plan _____ Total Enrollees on Plan: _____

Dependent Information

Dependent Social Security Number Full Name _____
Date of Birth (mm/dd/yyyy)

Dependent Social Security Number Full Name _____
Date of Birth (mm/dd/yyyy)

Member's Signature

Date (mm/dd/yyyy)

Daytime phone number

CalPERS requires you to have a physical address on file for the administration of your health benefits. If your mailing address is different from your physical address, please provide your physical address below:

FOR JRS USE ONLY

Analyst Initials:

Effective Date:

Health Plan/Carrier Code:

Dental Plan./Carrier Code:



Judges' and Legislators' Retirement Systems

IMPORTANT: Failure to return this form will be considered an election to have taxes withheld at the default rate.

Tax Withholding Election

Section 1: Your Information

Last Name	SSN or ITIN

First Name, Middle Initial	Or CalPERS ID

Street Address	Phone Number
	()

City	State	ZIP Code

Please Tell Us About Your Citizenship and Residency.
Select only one checkbox:

I am a citizen of another country and live in the United States.

I am a citizen of the United States and live in the United States.

I am a citizen of the United States and live in another country.

I am a non-resident alien. Provide your country of citizenship and legal residency. **Skip to Section 4: Signature and Date.**

Country of Citizenship: _____ Country of Legal Residency: _____

Please Specify Which Retirement Program You Would Like This Election Applied To:
If multiple programs apply to you, please submit a separate form for each program.

CalPERS Judges' Retirement System Judges' Retirement System II Legislators' Retirement System

Please Specify Which Account(s) You Would Like This Election Applied To:

Retirement Community Property Benefit Death Benefits

Section 2: Federal Tax Withholding Election

Step 1:

Complete the following applicable lines:

- a) Check here if you **do not** want any federal income tax withheld from your pension or annuity and go to Section 3: California State Tax Withholding Election.
- b) **Filing Status:**
 Single or Married Filing Separately Married Filing Jointly or Qualifying Widow(er) Head of Household

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Section 3: California State Tax Withholding.

See pages 4 and 5 for more information on each step.

Step 2:

Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job/Pension/Annuity)

Complete this step if you:

- have income from a job or more than one pension/annuity, or
- are married filing jointly and your spouse receives income from a job or a pension/annuity.

See page 6 for examples on how to complete Step 2.

a) **Job income.** If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” > \$ _____

b) **Other Pension and Annuities.** If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” > \$ _____

c) **Total: Add the amounts from items (a) and (b) and enter the total here.** > **2** \$ _____

TIP: • To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

- If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3:

Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

a) Multiply the number of **qualifying children** under age 17 by \$2,000. > \$ _____

b) Multiply the number of other **dependents** by \$500. > \$ _____

c) Add **other credits**, such as foreign tax credit and education tax credits. > \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here. > **3** \$ _____

Step 4:

Other Adjustments (Optional)

a) **Other income** (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends. > **4(a)** \$ _____

b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 6 and enter the result here. > **4(b)** \$ _____

c) **Extra withholding.** Enter any additional tax you want withheld from each payment. > **4(c)** \$ _____

Section 3: California State Tax Withholding Election

Complete the following applicable lines:

a) Check here if you **do not** want any California state income tax withheld from your pension or annuity.
Skip to Section 4 for signature.

b) Filing status and total number of allowances you are claiming for withholding from each pension or annuity payment. (You also may designate an additional dollar amount on line c.)

Filing Status:

Single or Married (with two or more incomes) Married (one income) Head of Household

(Must enter number of allowances:) _____

c) Additional amount, if any, you want withheld from each pension or annuity payment. > \$ _____
(Note: You cannot enter an amount here without entering a filing status and the number, including zero, of allowances on line b.)

d) I want this designated amount withheld from each pension or annuity program. > _____
(Do not complete lines a, b, or c.)

Section 4: Signature and Date

I certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge.

Signature (This form is not valid unless you sign it.)

Date (mm/dd/yyyy)

Tax Withholding Election — Instructions

Read these instructions before completing this form. Print or type in dark ink. Initial all corrections.

PURPOSE: Use this form to tell CalPERS the amount of federal and California state income tax to withhold from your benefit payments.

Complete the **Tax Withholding Election** form (myCalPERS 1289), sign and submit it to CalPERS as soon as possible. Because your tax situation may change from year to year, you may want to recalculate your tax withholding.

COMPLETING THIS FORM: To calculate the proper amount of tax withholding, use IRS Form W-4P (which has a worksheet and instructions) at [irs.gov](https://www.irs.gov) for your federal withholding, and EDD Form DE 4P at edd.ca.gov for California state withholding.

CHOOSING NOT TO HAVE INCOME TAX WITHHELD: You (or in the event of death, your beneficiary or estate) can choose not to have income tax withheld from your payments that are not eligible for rollover. If you do not want federal or California state tax withheld, complete Section 1, Section 2 step 1a) for federal, Section 3 step a) for State, and Section 4 for signature and date.

CAUTION: There are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments. See IRS Publication 505, Tax Withholding and Estimated Tax, at [irs.gov](https://www.irs.gov). It explains your estimated tax requirements and describes penalties in detail.

SECTION 1: YOUR INFORMATION

Enter your full name, CalPERS ID or Social Security number or Individual Taxpayer Identification Number, mailing address, and telephone number. For an estate, enter the estate's Employer Identification Number instead of the Social Security number. Select the statement that reflects your citizenship and residency. The United States has tax treaties with many countries. Please provide your citizenship and residence country information to determine if one may apply to you.

Indicate the account(s) you want your withholding preferences applied to. You may submit a separate form if you want to choose different withholding preferences for your other payments.

SECTION 2: FEDERAL TAX WITHHOLDING ELECTION

If you are receiving a monthly benefit, indicate your federal tax withholding preferences in this section. If you do not complete this section, CalPERS must withhold federal income tax from your benefit payments as single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new myCalPERS 1289 form.

Step 1. For U.S. citizens and resident aliens, federal tax withholding is required on monthly payments delivered outside the United States or its possessions. See IRS Publication 505, Tax Withholding and Estimated Tax, at [irs.gov](https://www.irs.gov) for details.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) who receives income from a job and/or pension/annuity.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required Social Security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Tax Withholding Election — Instructions (continued)

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see IRS Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your annual tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't submit myCalPERS 1289 form to CalPERS, you don't provide an SSN, or the IRS notifies CalPERS that you gave an incorrect SSN, then CalPERS will withhold tax from your payments as if your filing status is Single in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new myCalPERS 1289 form.

SECTION 3: CALIFORNIA STATE TAX WITHHOLDING ELECTION

If you want California state income tax withheld, indicate the number of withholding allowances and your filing status by checking the appropriate box, and specify an additional flat dollar amount, if any. Use the EDD form DE 4P at edd.ca.gov/pdf_pub_ctr/de4p.pdf to calculate state tax withholding. You may designate a dollar amount to withhold instead of claiming withholding allowances. If you do not want any California state income tax withheld, check the appropriate box. If you want ten percent of the amount of federal withholding computed pursuant to Section 3405 of the Internal Revenue Code, complete line d) in section 3 by writing "10%".

If you do not complete this section and you live in California, CalPERS must withhold California state income tax from your benefit payments as Single.

SECTION 4: REQUIRED SIGNATURE

Sign and date your form before submitting it to CalPERS. Your form will not be accepted without your signature and date.

IMPORTANT INFORMATION

For nonresident aliens, nonresident alien beneficiaries, and foreign estates, in the absence of a tax treaty exemption, monthly payments generally are subject to a 30 percent federal withholding tax on the taxable portion of payments from U.S. sources. See IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and IRS Publication 519, U.S. Tax Guide for Aliens, at irs.gov.

ANNUAL STATEMENT OF FEDERAL INCOME TAX WITHHELD

By January 31 of each year, CalPERS will furnish a tax statement Form 1099-R, showing the total amount of benefit payments and the total federal and California state income tax withheld during the preceding year. If you are a non-resident alien, CalPERS will furnish a tax statement Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of each year.

QUESTIONS?

For information about federal tax withholding, contact the IRS at (800) 829-1040 or visit the IRS website at irs.gov. For information about state tax withholding, visit the California Franchise Tax Board website at ftb.ca.gov. CalPERS will only withhold California state tax. If you are not a resident of California, refer to your local state tax authority for their income tax regulations. If you live outside the state of California and you choose to withhold state tax, CalPERS will withhold California state tax.

Also read IRS Publication 575, Pension and Annuity Income, IRS Publication 505, Tax Withholding and Estimated Tax, and FTB Publication 1005, Pension and Annuity Guidelines, or contact a qualified tax professional.

Step 4(b) — Deductions Worksheet (Keep for your records)

1. Enter an estimate of your annual itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.	> 1	\$ _____
2. Enter:		
• \$25,900 if you're married filing jointly or a qualifying widow(er)		
• \$19,400 if you're head of household		
• \$12,950 if you're single or married filing separately	> 2	\$ _____
3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".	> 3	\$ _____
4. If line 3 equals zero, and you (or your spouse) are 65 or older, enter:		
• \$1,750 if you're single or head of household		
• \$1,400 if you're a qualifying widow(er) or married and one of you is under age 65		
• \$2,800 if you're married and both of you are age 65 or older		
Otherwise, enter "-0-". See Pub. 505 for more information.	> 4	\$ _____
5. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.	> 5	\$ _____
6. Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P.	> 6	\$ _____

Example 1. Bob, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Bob also has a job that pays \$25,000 a year.
- Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(a) and in Step 2 total.
- If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(a) and in Step 2 total.
- Bob will make no entries in Step 4(a) on this myCalPERS 1289 form.

Example 2. Carol, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension).
- Carol will enter \$25,000 in Step 2(a) and in Step 2(c).
- If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this form.

Example 3. Don, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Don doesn't have a job, but he receives another pension for \$75,000 a year (which pays more annually than CalPERS \$50,000 pension).
- Don will **not** enter any amounts in Step 2.
- If Don also has \$1,000 of interest income, he won't enter that amount on this form because he entered the \$1,000 on the other retirements Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing myCalPERS 1289 form for their CalPERS pension that pays \$50,000 a year.

- Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year.
- Ann will enter \$25,000 in Step 2(a), \$20,000 in Step 2(b), and \$45,000 in Step 2 total.



Judges' and Legislators' Retirement Systems

Direct Deposit Authorization Form

Section 1

Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once Judges' and Legislators' Retirement Systems (JLRS) has processed this completed form. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Judges' Retirement System **Judges' Retirement System II** **Legislators' Retirement System**

_____		_____
Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
_____		()
Address		Daytime Phone
_____	_____	_____
City	State	ZIP Code

Section 2

Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking **Savings** **Individual** **Joint** (If so, Complete Section 3) **Trust Account ***

_____	_____
Routing Number (nine digits)	Account Number

Please use tape to attach your voided, **pre-printed personalized check**. (Do not staple or paperclip. **No deposit slips.**)

_____		()
Name of Financial Institution		Branch Phone Number

Address		
_____	_____	_____
City	State	ZIP Code

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

_____	_____	_____
Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)

*** Trust Accounts**
 You will need to complete and submit a **Payment of Monthly Allowance to a trust (annuitant) form** or the **Certification of the Trust (Successor Trustee)** form available at www.calpers.ca.gov

Section 3

Information About Joint Account Holder (If applicable)

_____		_____
Name		Social Security Number or CalPERS ID
_____		()
Address		Daytime Phone
_____	_____	_____
City	State	ZIP Code

Your Name | Social Security Number or CalPERS ID

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.**

**To comply with NACHA regulations regarding international ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

Signature of Payee | Date (mm/dd/yyyy)

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at my.calpers.ca.gov. If you have not created your account, you must follow the easy steps to complete the registration process.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).