



Nonmember Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

If you were awarded a separate nonmember account resulting from a community property action, use this form to request an estimate of your potential nonmember CalPERS retirement benefits. You must be within one year of your anticipated retirement date to use this form. You are limited to two estimate requests within a 12-month period.

Section 1

Enter the address we have on file for you. If you need to update your address, see the back of this form for instructions.

Information About You

Your Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) () Daytime Phone () Alternate Phone

Address

City State ZIP

Section 2

See the back of this form for details and a complete description of the available retirement and beneficiary payment options.

Estimate Information

My projected retirement date is: _____
Date Required (mm/dd/yyyy)

How many beneficiaries do you want to include in your estimate?

- None
- One (Complete the information in the space provided below.)

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

- One or more and with a specific dollar or specific percentage amount to each beneficiary. (Complete the information in the spaces provided below.)

_____ Birth Date (mm/dd/yyyy)	_____ Dollar or Percent of Benefit	_____ Birth Date (mm/dd/yyyy)	_____ Dollar or Percent of Benefit
_____ Birth Date (mm/dd/yyyy)	_____ Dollar or Percent of Benefit	_____ Birth Date (mm/dd/yyyy)	_____ Dollar or Percent of Benefit

Section 3

CalPERS Member Information

Complete all fields. We need this information to ensure your benefit is calculated correctly.

Member's Name (First Name, Middle Initial, Last Name) Member's Social Security Number or CalPERS ID

Date of Your Marriage or Domestic Partnership (mm/dd/yyyy)

What's the "effective date"? See the back of this form for details.

Check the box that applies to you and enter the effective date.

- Dissolution of Marriage _____
Effective Date (mm/dd/yyyy)
- Legal Separation _____
Effective Date (mm/dd/yyyy)
- Termination of Domestic Partnership _____
Effective Date (mm/dd/yyyy)

Mail to:

CalPERS Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

Section 1

Information About You

- Complete all sections with your personal information.
- You can update your address at my.calpers.ca.gov or call us toll free at **888 CalPERS** (or **888-225-7377**).

Section 2

Estimate Information

Projected Retirement Date - Your retirement date cannot be earlier than the day following the court-filed date of the court order dividing the community property. If it has been more than nine months from the court-filed date, the date you enter cannot be earlier than the first day of the month you submit this form. Both you and your former spouse or former domestic partner must meet the minimum CalPERS service retirement age requirement as of your retirement date. Your former spouse or domestic partner must have also met the minimum service credit requirement as of your final dissolution of marriage or termination of domestic partnership date. For more information about the age and service credit requirements, go to our website at www.calpers.ca.gov.

Retirement Options - When you retire, you will choose one of the following retirement options and name a beneficiary.

- **Unmodified Allowance** - Provides the highest monthly allowance paid for life. There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
- **Return of Remaining Contributions Option 1** - Provides a lump-sum payout of any remaining member contributions in your account to one or more beneficiaries upon your death.
- **100 Percent Beneficiary Option 2** - Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **100 Percent Beneficiary Option 2 with Benefit Allowance Increase** - Provides 100 percent of the option portion of your monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or if you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **50 Percent Beneficiary Option 3** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **50 Percent Beneficiary Option 3 with Benefit Allowance Increase** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **Flexible Beneficiary Option 4** - Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

Section 3

CalPERS Member Information

- Enter the name and Social Security number or CalPERS ID of the member whose account was split in the community property settlement.
- Enter your marriage or registration of domestic partnership date to the member.

What is the “effective date”?

- **Dissolution of Marriage** - The date you returned to single status. This date is normally found on the Notice of Entry of Judgment. It is not the date of separation that was used to divide the CalPERS benefits.
- **Legal Separation** - The date is found on the Judgment of Legal Separation.
- **Termination of Domestic Partnership** - The date is found in the Notice of Termination of Domestic Partnership form.

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**).