

Retirement Allowance Estimate Request

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

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts. You are limited to two CalPERS-generated estimate requests in a 12-month period and must be within one year of retirement. See the back of this form for detailed instructions.

Section 1

Section 2

Section 1	Information About You			
Provide the address	Name of Member (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID			
you would like your			Social Security Number or CalPERS ID	
estimated retirement allowance sent to.	Birth Date (mm/dd/yyyy)	Daytime Phone	() Evening Phone	
anowance sent to.				
	Address			
	L City		State ZIP	
	-			
Section 2	Retirement Information			
Not all CalPERS members	Type of estimate 🛛 Service 🗌 Disability	\Box Industrial Disability	rojected Retirement Date (mm/dd/yyyy)	
are eligible for industrial			rojected netrement Date (mm/dd/yyyy)	
disability retirement. Contact your personnel	Employer	Position Title		
office for eligibility information.	Sick Leave Hours Educational Leave Hours			
	Are you a member of another retirement system	1 that has established reciprocity	with CalPERS? 🗆 No 🗆 Yes	
			1	
If your membership date	Name of System		Estimate Final Compensation Amount	
is January 1, 2002,	Temporary Annuity – Available for service retire	ement only.		
or later, the amount of your	If you first became a member on January 1, 2002, or later, and you have CalPERS service coordinated			
Temporary Annuity cannot exceed the estimated amount of your Social with Social Security, you elect to receive Temporary Annuity until age in the amou \$ per month.				
				Security benefit at the age
designated in this election.	If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until			
	age $\frac{1}{(59\frac{1}{2} \text{ or whole age 60 to 68})}$ in the amount of	of ^{\$} per month.		
Section 3	Individual Lifetime Beneficiary (2, 2	W, 3, 3W, 2W/1 and 3W/1)		
	Name of Beneficiary	Relationship to You	Birth Date (mm/dd/yyyy)	
Section 4		·		
	Information About Your Survivor Continuance			
	Do you have an eligible survivor? \Box No \Box '	Yes		
Section 5	Your Option 4 Retirement Options			
CalPERS will provide an	Specific Percentage to Beneficiary	% 🛛 Specific Dollar Amou	unt to Beneficiary \$	
estimate for standard	Percentage Amount			
Options 1, 2, 2W, 3, 3W, 2W/1	Reduced Allowance for Fixed Period of Time:			
and 3W/1, and Unmodified	Reduce my Allowance by Percentage or Dol	Iar Amount through the end of	Date (mm/yyyy)	
Allowance. If these do not	Reduced Allowance Upon Death of Member or Beneficiary \$			
meet your needs, you may	☐ Multiple Lifetime Beneficiaries:	Reduction Amount		
request one of the approved Option 4 types listed at right.				
סקמטון ד נקרטס ווסנטע מנ וושוונ	Birth Date (mm/dd/yyyy) Dollar/Percent of Benefi	t Birth Date (mm/dd/yyyy)) Dollar/Percent of Benefit	
Mail to:	CalPERS Benefit Services Division • P.O. B	av 942717 Sacramento Calif	ornia 0/220-2717	

P.U. Box 942717, Sacramento, California 94229-2717 aipers benefit services division

Section 1	Information About You
	Name: Provide your first name, middle initial, and last name. CalPERS ID or Social Security Number: Provide your CalPERS ID or Social Security Number. Birth Date: Provide month, day, and complete year. Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance. Telephone Number(s): Provide us your home and/or work number in case we need to reach you.
Section 2	Information About Your Retirement Estimate
	Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.
	Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.
	Sick Leave/Educational Leave: List any sick leave or educational leave you would like to have included in your retirement estimate calculation. Any leave included in your request must be reported by your employer at the time of retirement and may result in a different benefit if amounts differ.
	Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the <i>When You Change Retirement Systems</i> publication.
	Temporary Annuity is an additional monthly income you may choose to temporarily enhance your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the <i>Temporary Annuity</i> publication.
Section 3	Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1 and 3W/1)
	 A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth. Relationship to You: A beneficiary can be a spouse, child, friend, etc. Beneficiary Birth Date: Provide month, day, and complete year.
Section 4	Information About Your Survivor Continuance
	Survivor Continuance is an employer-paid benefit payable to an eligible survivor upon your death. An eligible survivor is a spouse married to you or a domestic partner legally recognized in California as your domestic partner on and at least one year prior to your tentative retirement date and continuously until your death (for Disability or Industrial Disability Retirement, these conditions must be met on or before the effective date of your disability or industrial disability retirement); or an unmarried child under age 18 or disabled; or an economically dependent parent.
Section 5	Your Retirement Options
	CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W, 2W/1 and 3W/1). If none of these meets your needs, you may request one of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the <i>Retirement Option 4</i> publication. If you want multiple lifetime beneficiaries to receive an equal share of your monthly benefits, do not specify a dollar or percentage of benefit.