



# Request for Service Credit Cost Information — Redeposit of Withdrawn Contributions

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

\_\_\_\_\_  
Name of Member (Last Name, First Name, Middle Initial) Social Security Number or CalPERS ID

## Section 1

### About You

\_\_\_\_\_  
Former Name (if applicable) ( ) Daytime Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State ZIP Code Current Employer

Have you requested this cost information before?  No  Yes \_\_\_\_\_  
Requested Date (mm/dd/yyyy)

Have you submitted a retirement application?  No  Yes \_\_\_\_\_  
Retirement Date (mm/dd/yyyy)

Are you a member of a public retirement system in California other than CalPERS?  No  Yes

\_\_\_\_\_  
Name of System

## Section 2

### Employment Information

Please include the month, day, and year for all dates as: mm/dd/yyyy. Do not abbreviate your employer's name.

List all periods of employment for which you withdrew contributions.

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

\_\_\_\_\_  
Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

A portion of my CalPERS funds were transferred due to a community property settlement agreement, and these funds have since been withdrawn by my former spouse or domestic partner.

During the first two years of my employment, a portion of my Alternate Retirement Program funds were awarded to a former spouse or domestic partner due to a community property settlement.

## Section 3

### Member Certification

If you are currently a CalPERS member, sign the form, make a copy for your records, and mail the original to the address shown on the back of this form.

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Member Signature Date (mm/dd/yyyy)

**Note:** If you are a member of another California public retirement system and currently not a CalPERS member, forward this form to your current retirement system for completion of Sections 4, 5, and 6 before returning to CalPERS. For more information, see the publication *When You Change Retirement Systems*.

Also attach a copy of your cost estimate from the Service Credit Cost Estimator at [www.calpers.ca.gov/servicecreditestimator](http://www.calpers.ca.gov/servicecreditestimator).

Your Name | Social Security Number or CalPERS ID

Section 4

Retirement System Certification (To be completed by member's current retirement system.)

This form is used to obtain the member and employment information required to redeposit withdrawn CalPERS contributions and establish reciprocity with your current retirement system.

Retirement System | Address | City | State | ZIP Code | Employer | Address | City | State | ZIP Code

Section 5

Member Employment History

First Appointment Date (mm/dd/yyyy) | Effective Date of Membership in Your System (mm/dd/yyyy) | Current Pay Rate & Time Base | Total Service Credit in Your System | Is the member retired/retiring? | Date of Retirement (mm/dd/yyyy) | Is the CalPERS service noted in Section 2 already credited in your system? | Is the employee currently a member of your system?

Section 6

Statement and Signature of Retirement System Representative

Please return this request form to the member.

I hereby certify that the above information is true and correct. | Your Signature | Social Security Number or Tax Identification Number of the Member | Date (mm/dd/yyyy) | Printed Name | Title | Daytime Phone | Fax