

# Recipient Designation—Information

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

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**Important:** Be sure to read the instructions carefully before completing this form. **If you submit an incomplete form, we will not accept it. In addition, we must receive your form before your death. Be sure to review your form carefully before submitting it.**

If you're a member of the Defined Benefit Program, use this form to designate your one-time death benefit recipient; if you're a participant of the Cash Balance Benefit Program, use this form to designate your lump-sum payment recipient.

- ✱ Complete and submit this form online using your *myCalSTRS* account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

**We must receive your form before your death.**

### DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, and if you did not elect an option beneficiary to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a family or survivor benefit allowance after your death, any accumulated contributions in your account will be paid to your designated recipients.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of an Option* form when you are eligible to retire.

### CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the lump-sum payment in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least \$3,500, they may elect to receive an annuity in place of a lump-sum payment.

### IMPORTANT FACTS

- After we review your form and determine it is complete, we will send you a confirmation letter. **Be sure to keep the confirmation letter with your important documents.**
- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. This form may or may not remain in effect upon a dissolution of marriage or termination of registered domestic partnership, depending on the circumstances. **It is important to keep this form current.**
- If any of your primary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining primary recipients. If any of your secondary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining secondary recipients. If we are unable to locate a recipient you designated, we will not distribute the benefit payable until the designated recipient is located and confirmed.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any death benefit payable will be paid to your estate.
- You may change your recipient designations at any time—before or after retirement. There is no fee or financial penalty for changing your designation. Review your designations regularly to ensure we have the most current and accurate information to pay out the benefits according to your wishes.

# Recipient Designation—Instructions

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *myCalSTRS*, or call us at 800-228-5453.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

### SECTION 1: MEMBER/PARTICIPANT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and email address.

### SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient. **Important Note: All information marked with an asterisk (\*) is required. We will reject your form if any required field is left blank.**

- **Persons**—To designate a person or persons, check the box and provide full name,\* address,\* telephone number, Social Security number,\* birth date\* and relationship. Be sure to indicate the percentage.
- **Organization**—To designate an organization, check the box and enter the name and address of the organization\* and the organization's tax identification number.\* Include organization contact information whenever possible. Be sure to indicate the percentage.
- **Trust**—To designate a trust, check the box and enter the full name of the trust,\* the trustee's name\* and address, and the date the trust was created.\* CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time. Be sure to indicate the percentage.
- **Estate**—To designate your estate, check the box and enter "My Estate" for the recipient's name. Be sure to indicate the percentage.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

You must designate a percentage for each recipient. If you use percentages, the total must equal 100 percent

for the primary recipient section and 100 percent for the secondary recipient section.

### SECTION 4: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide their Social Security number and date of birth. For validation purposes, when using *myCalSTRS* the spouse or partner's signature must be submitted in the same format—handwritten or electronic.

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

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

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

### SUBMITTING YOUR FORM

#### *myCalSTRS*

Complete and submit your form online using *myCalSTRS*. It's easy, fast and secure.

#### Hand Delivery

Hand deliver your form to a local CalSTRS office (visit [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop)). **Note:** We must receive your form before your death.

#### Mailing Address

CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275

#### Overnight Delivery

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

CalSTRS  
Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

#### Fax Delivery

916-414-5783 or 916-414-5784

### QUESTIONS

Email your questions using your *myCalSTRS* account or at [CalSTRS.com/contactus](http://CalSTRS.com/contactus), or call 800-228-5453.

# Recipient Designation

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

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# CALSTRS<sup>®</sup>

California State Teachers' Retirement System  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**\* Your form will be rejected if any required field is left blank.**

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *myCalSTRS*, or call us at 800-228-5453. You may complete and submit this form online using your *myCalSTRS* account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

Check one of the following:


- I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.
- I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.
- I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—that are living upon my death—to receive equal amounts, unless otherwise specified, as recipients of any benefits payable under the Teachers' Retirement Law at the time of my death. If any of my primary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining primary recipients. If I survive the primary recipients, I designate the secondary recipients—that are living upon my death—to share equally, unless otherwise specified, as recipients for any benefits payable under law at the time of my death. If any of my secondary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining secondary recipients. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

### Section 1: Member/Participant Information (\*indicates required 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
EMAIL ADDRESS			

### Section 2: Primary Recipients (\*indicates required information)

Use this area to designate one or more *primary* recipients to receive a death benefit.  
Use additional sheets if needed. 

FULL NAME OF PERSON, TRUST OR ORGANIZATION*			(     )
MAILING ADDRESS*			TELEPHONE
CITY	STATE	ZIP CODE	
<input type="checkbox"/> Person – Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary			SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER*
<input type="checkbox"/> Organization – Contact Name: _____			DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*
<input type="checkbox"/> Trust			
<input type="checkbox"/> Estate			PERCENTAGE* (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)



**\* Your form will be rejected if any required field is left blank.**

**Section 2: Primary Recipients** continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION\*

( )

MAILING ADDRESS\*

TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: \_\_\_\_\_

Gender:  Male  Female  Nonbinary

SOCIAL SECURITY NUMBER/TIN/EIN\*

Organization – Contact Name: \_\_\_\_\_

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)\*

Trust

Estate

PERCENTAGE\*  
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)\*

FULL NAME OF PERSON, TRUST OR ORGANIZATION\*

( )

MAILING ADDRESS\*

TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: \_\_\_\_\_

Gender:  Male  Female  Nonbinary

SOCIAL SECURITY NUMBER/TIN/EIN\*

Organization – Contact Name: \_\_\_\_\_

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)\*

Trust

Estate

PERCENTAGE\*  
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

**Section 3: Secondary Recipients** (\*indicates required information)

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION\*

( )

MAILING ADDRESS\*

TELEPHONE

CITY

STATE

ZIP CODE

Person – Relationship: \_\_\_\_\_

Gender:  Male  Female  Nonbinary

SOCIAL SECURITY NUMBER/TIN/EIN\*

Organization – Contact Name: \_\_\_\_\_

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)\*

Trust

Estate

PERCENTAGE\*  
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)



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\* Your form will be rejected if any required field is left blank.

**Section 3: Secondary Recipients** continued

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FULL NAME OF PERSON, TRUST OR ORGANIZATION\* \_\_\_\_\_

MAILING ADDRESS\* \_\_\_\_\_ ( ) TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Person – Relationship: \_\_\_\_\_

Gender:  Male  Female  Nonbinary

Organization – Contact Name: \_\_\_\_\_

Trust

Estate

SOCIAL SECURITY NUMBER/TIN/EIN\* \_\_\_\_\_

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)\* \_\_\_\_\_

PERCENTAGE \* \_\_\_\_\_  
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary* and the percentages. Percentages must total 100% for all recipients. **Important Note:** All information marked with an asterisk is required. We will reject your form if any required field is left blank.

**Section 4: Required Signatures**

Check all that apply.

- 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 partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the next page.
- I have never been married or in a registered domestic partnership, **or**  
I am widowed or my partner has died.
- I have been divorced or 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.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

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).

MEMBER'S SIGNATURE \_\_\_\_\_ SIGNATURE DATE (MM/DD/YYYY) \_\_\_\_\_

SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE \_\_\_\_\_ SIGNATURE DATE (MM/DD/YYYY) \_\_\_\_\_

SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL) \_\_\_\_\_

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_



**\* Your form will be rejected if any required field is left blank.**

**Justification for Non-Signature of Spouse or Registered Domestic Partner**

As required by Education Code sections 22453 and 26703, the signature of the spouse or registered domestic partner of the CalSTRS member or participant is required on any form in which the CalSTRS member or participant makes a request related to the election, change or cancellation of a CalSTRS benefit, subject to the following exceptions. If you are married or registered as a domestic partner and your spouse or partner did not sign one or more of the forms identified in the "Documents Submitted" section, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or registered domestic partner (Education Code sections 22454 and 26704). CalSTRS must have a certified copy of the court order before any benefits can be paid. Submit a certified copy of the court order when you receive it.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

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).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

**If you submit an incomplete form, we will not accept it. Be sure to review your form carefully before submitting it:**

- Did you designate at least one primary recipient and provide all the required information?
- If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- If you designated percentages, do they equal 100 percent for your primary recipients and 100 percent for your secondary recipients?
- Did you sign and date the form?
- If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?



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