

Compound Option Election During Disability Retirement

DS1776 REV 10/23

[For CalSTRS' Official Use Only]

CALSTRS[®]

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

Complete this form to add or change and elect a Compound Option. Read the instructions before completing this form. If you want to change to the Compound Option, or if you elected the Compound Option and want to make changes, CalSTRS must receive both this form and the *Disability Retirement Application Change Request* form no later than 30 days from the date your first benefit payment issued. Please print in black ink or type in the sections below.

SECTION 1: MEMBER INFORMATION

Provide either your Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

SECTION 2: COMPOUND OPTION – REASON FOR CHANGE

I have read the instructions that describe the available options and completed the *Postretirement Option Change During Disability Retirement* form. I hereby elect the Compound Option election:

Divorce

My option beneficiary is my former spouse or registered domestic partner.

Note: If you have previously divorced or terminated a registered domestic partnership while in retirement and are now newly married or newly registered in a domestic partnership and want to elect them as an option beneficiary, you cannot name multiple beneficiaries or retain a Member-Only portion of your benefit.



**SECTION 2: COMPOUND OPTION – REASON FOR CHANGE
CONTINUED**

Death of Beneficiary Under Option 2, 3, 4, or 5

The option beneficiary I elected at disability retirement is deceased.

Special Needs Trust

I previously elected a compound option and would like to change my option beneficiary from an individual to a special needs trust for the benefit of the same individual, or from a special needs trust for the benefit of an individual to the same individual. I understand the percentages allocated within the compound option I previously elected will not change.

Each of your beneficiaries must be a living person or a special needs trust and cannot be another type of trust, corporation, charity, estate, or other entity. Age restrictions apply for non-spouse option beneficiaries.

Court-ordered option elections: If you are divorced or a party to a dissolution of a domestic partnership and are required to elect a discontinued option (2,3,4,5,6, or 7), you may do so if we previously received and approved a certified court order filed before January 1, 2007. Contact the Community Property Section of the Office of General Counsel at 916-414-1725.

If you wish to designate more than four option beneficiaries, use additional copies of this form, and note number of pages above.

SECTION 3: NEW BENEFICIARY INFORMATION

I elect to retain % (indicate 0-99%) of my benefit as Member-Only Benefit. Enter the percentage that you want to retain as a Member-Only Benefit in the space provided. Please enter a zero if you do not want to retain a Member-Only Benefit portion.

For the remaining option beneficiaries, select the 100% Beneficiary Option, 75% Beneficiary Option or 50% Beneficiary Option for each designated beneficiary.

1. I elect the (select one) 100% 75% 50% Beneficiary Option and allocate % of my Modified Benefit to:

I am electing a special needs trust.

Enter your beneficiary information. If you are electing a special needs trust, please check the box, provide your beneficiary information below, and complete the *Certification of Special Needs Trust* form.

BENEFICIARY SOCIAL SECURITY NUMBER

SECTION 3: NEW BENEFICIARY INFORMATION CONTINUED

BENEFICIARY LAST NAME

BENEFICIARY FIRST NAME

BENEFICIARY ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

BENEFICIARY EMAIL ADDRESS

BENEFICIARY PHONE NUMBER

MEMBER OF CALSTRS: YES NO

RELATIONSHIP: SPOUSE REGISTERED DOMESTIC PARTNER OTHER

GENDER: MALE FEMALE NONBINARY

If your beneficiary is not a member of CalSTRS, you must attach birthdate verification:

STATE-ISSUED BIRTH CERTIFICATE U.S. PASSPORT OTHER ID

2. I elect the (select one) 100% 75% 50% Beneficiary Option and allocate % of my Modified Benefit to:

I am electing a special needs trust.

BENEFICIARY SOCIAL SECURITY NUMBER

BENEFICIARY LAST NAME

BENEFICIARY FIRST NAME

BENEFICIARY ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

BENEFICIARY EMAIL ADDRESS

BENEFICIARY PHONE NUMBER

MEMBER OF CALSTRS: YES NO

SECTION 3: NEW BENEFICIARY INFORMATION CONTINUED

RELATIONSHIP: SPOUSE REGISTERED DOMESTIC PARTNER OTHER
GENDER: MALE FEMALE NONBINARY

If your beneficiary is not a member of CalSTRS, you must attach birthdate verification:
 STATE-ISSUED BIRTH CERTIFICATE U.S. PASSPORT OTHER ID

SECTION 3: NEW BENEFICIARY INFORMATION CONTINUED

3. I elect the (select one) 100% 75% 50% **Beneficiary Option and allocate** **% of my Modified Benefit to:**

I am electing a special needs trust.

BENEFICIARY SOCIAL SECURITY NUMBER

BENEFICIARY LAST NAME

BENEFICIARY FIRST NAME

BENEFICIARY ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

BENEFICIARY EMAIL ADDRESS

BENEFICIARY PHONE NUMBER

MEMBER OF CALSTRS: YES NO

RELATIONSHIP: SPOUSE REGISTERED DOMESTIC PARTNER OTHER

GENDER: MALE FEMALE NONBINARY

If your beneficiary is not a member of CalSTRS, you must attach birthdate verification:
 STATE-ISSUED BIRTH CERTIFICATE U.S. PASSPORT OTHER ID

4. I elect the (select one) 100% 75% 50% **Beneficiary Option and allocate** **% of my Modified Benefit to:**

I am electing a special needs trust.

BENEFICIARY SOCIAL SECURITY NUMBER

SECTION 3: NEW BENEFICIARY INFORMATION CONTINUED

BENEFICIARY LAST NAME

BENEFICIARY FIRST NAME

BENEFICIARY ADDRESS (number, street, apt or suite no.)

SECTION 3: NEW BENEFICIARY INFORMATION CONTINUED

CITY

STATE

ZIP CODE

BENEFICIARY EMAIL ADDRESS

BENEFICIARY PHONE NUMBER

MEMBER OF CALSTRS: YES NO

RELATIONSHIP: SPOUSE REGISTERED DOMESTIC PARTNER OTHER

GENDER: MALE FEMALE NONBINARY

If your beneficiary is not a member of CalSTRS, you must attach birthdate verification:

STATE-ISSUED BIRTH CERTIFICATE U.S. PASSPORT OTHER ID

SECTION 4: WORKSHEET – BENEFIT ALLOCATION

The total allocation of the option benefits (including the Member-Only percentage) must equal 100%.

Member-Only (% of remaining Modified Benefit) %

Beneficiary (% of remaining Modified Benefit) %

Beneficiary (% of remaining Modified Benefit) %

Beneficiary (% of remaining Modified Benefit) %

Other pages (% of remaining Modified Benefit) %

Grand Total (100%) %

If you wish to designate more than three option beneficiaries, use additional copies of this form. Indicate the number of pages you're submitting in the upper right-hand corner, on the front side of this form.

SECTION 4: WORKSHEET – BENEFIT ALLOCATION CONTINUED

Submit this form along with the Postretirement Option Change During Disability Retirement form and all required documents (see Postretirement Option Change During Disability Retirement form instructions for details). Keep a copy of all forms for your records.

SECTION 5: REQUIRED SIGNATURES

I have read and I fully understand the instructions for the Compound Option Election. In addition, I have read the Disability Benefits Guide and Member Handbook. I fully understand that:

1. **This election does not constitute an application for service or disability retirement.** I must still submit the *Disability Retirement Application* to receive disability retirement benefits.
2. I cannot change this option election after 30 days from the date my first benefit from disability retirement unless I qualify for a postretirement option change as outlined in the *CalSTRS Member Handbook* and the *Postretirement Option Change During Disability Retirement* form instructions.
3. My option and beneficiaries must remain the same for one year following a reinstatement.

Check all that apply to your current and previous marital status

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

REQUIRED SIGNATURES

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.

SECTION 5: REQUIRED SIGNATURES CONTINUED

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 SIGNATURE

DATE (MM/DD/YYYY)

CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

DATE (MM/DD/YYYY)

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

DATE (MM/DD/YYYY)

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