Option Payee's Beneficiary Designation Instructions

Use this form if you are currently receiving a lifetime monthly benefit as the result of a deceased CalSTRS member having selected an option. As an option beneficiary payee, you may name a beneficiary, beneficiaries, or trust to receive, upon your death, any remaining contributions, and unpaid accrued benefits in the retiree's account. Your beneficiary, beneficiaries or trust will not receive a monthly benefit.

SECTION 1: DECEASED MEMBER INFORMATION
Enter the deceased member's full name and social security number or Client Identification (CID) number.

SECTION 2: OPTION PAYEE'S INORMATION
Enter your social security number, birth date, full name, telephone number and complete mailing address.

SECTIONS 3 & 4: PRIMARY AND SECONDARY BENEFICIARY(IES) OR TRUST
You may name any living person, an estate, a trust, a corporation, a charitable or parochial institution or a public entity as your recipient or recipients.

Person or persons – To designate a person or persons, provide their relationship to you, full name, social security number, birth date, address, and telephone number. Be sure to indicate the percentage.

Organization – To designate an organization, enter the name, address of the organization and the organization's tax identification number. Be sure to indicate the percentage.

Trust – To designate a trust, enter the name of the trust, the trustee's address, and the date the trust was created instead of a birth date. CalSTRS will contact the trustee and pay benefits to the trust. It is not necessary to provide the trust document at this time. Be sure to indicate the percentage.

Estate – To designate your estate, enter the phrase "My Estate" for the recipient's name. 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 5: ADDITIONAL BENEFICIARY OR BENEFICIARIES
To designate more beneficiaries, additional space is provided in Section 5 of the form. Indicate whether you are designating a primary or secondary beneficiary or beneficiaries by checking the appropriate box.

SECTION 6: OPTION PAYEE'S SIGNATURE
The option payee's signature and date must be on the form to be valid.

IMPORTANT FACTS
A completed Option Payee's Beneficiary Designation form must be received and accepted by CalSTRS prior to your death to be valid.

The Option Payee's Beneficiary Designation form remains in effect until a new form is filed.

Designating a beneficiary, beneficiaries or trust is optional. If you do not submit a designation form, any benefits payable will be distributed to your estate.

If your designated primary beneficiary or beneficiaries predeceases you, any benefit due will be paid to your secondary beneficiary, beneficiaries, or trust unless you file a new Option Payee's Beneficiary Designation form. If CalSTRS is unable to locate your designated beneficiary or beneficiaries, the benefit will be distributed to the best of our ability, according to the laws in existence at the time of your death.

PROCESSING
Valid forms will be processed and imaged.
Please retain a copy for your records.

SEND YOUR COMPLETED FORMS TO:
CalSTRS
PO Box 15275, MS 43
Sacramento, CA 95851-0275

QUESTIONS
Go online to calstrs.com/contact-us or call us at 800-228-5453.

OPTION PAYEE'S BENEFICIARY DESIGNATION

SB 0816 REV 11/24

[For CalSTRS' Official Use Only]

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

Use this form if you are currently receiving a lifetime monthly benefit as the result of a deceased CalSTRS member having selected an option. As an option beneficiary payee, you may name a primary beneficiary, beneficiaries, or trust to receive, upon your death, any remaining contributions, and unpaid accrued benefits in the retiree's account. Your beneficiary, beneficiaries or trust will not receive a monthly benefit. Also enclosed are Instructions to complete this form. Please read them carefully.

SECTION 1: DECEASED MEMBER INFORMATION

Provide either the deceased member's Client ID or social security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

SECTION 2: OPTION PAYEE INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYY)

FULL NAME (last, first, initial)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

SECTION 2: OPTION PAYEE INFORMATION CONTINUED

I hereby revoke previous designation(s) and designate the following primary beneficiary, beneficiaries, or trust to share and share alike, unless otherwise specified herein, or the survivor or survivors among them, as beneficiary or beneficiaries for any benefit payable under the Teachers' Retirement Law at the time of my death. This form does not designate a beneficiary, beneficiaries, or trust to receive a continuing retirement option benefit. In the event I survive the primary beneficiary or beneficiaries designated below, then I designate the following secondary beneficiary, beneficiaries, or trust to share and share alike unless otherwise specified, or the survivor or survivors, as beneficiary or beneficiaries for any benefit payable under the Teachers Retirement Law at the time of my death. I further understand that should I survive all of my named beneficiaries, then any benefits payable at the time of my death under said law will be paid to my estate.

SECTION 3: PRIMARY BENEFICIARY, BENEFICIARIES OR TRUST

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

SECTION 4: SECONDARY BENEFICIARY, BENEFICIARIES OR TRUST

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

SECTION 5: ADDITIONAL BENEFICIARY, BENEFICIARIES OR TRUST

☐ PRIMARY OR ☐ SECONDARY

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL PRIMARY OR SECONDARY RECIPIENTS)

☐ PRIMARY OR ☐ SECONDARY

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL PRIMARY OR SECONDARY RECIPIENTS)

☐ PRIMARY OR ☐ SECONDARY

☐ Person

Select Relationship:

☐ Spouse

☐ Registered Domestic Partner

☐ Other: _____

Select Gender:

☐ Male ☐ Female ☐ Nonbinary

☐ Trust

☐ Estate

☐ Organization- Contact Name: _____

FULL NAME OF PERSON, TRUST, OR ORGANIZATION

SOCIAL SECURITY NUMBER/ITIN/EIN

DATE OF BIRTH/TRUST DATE (MM/DD/YYY)

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PERCENTAGE

(MUST TOTAL 100% FOR ALL PRIMARY OR SECONDARY RECIPIENTS)

SECTION 6: OPTION PAYEE SIGNATURE

SIGNATURE OF OPTION PAYEE

DATE (MM/DD/YYYY)