

APPLICATION FOR SERVICE RETIREMENT



I am applying for retirement from Sacramento County Employees' Retirement System, in accordance with provisions of the County Employees' Retirement Law of 1937 and the Bylaws and Policies governing the retirement system.

I. YOUR INFORMATION

Print Full Name: _____ SSN: XXX-XX-_____
Last 4 digits only

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
If different from Home Address

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Date of Birth: _____
Personal Email Address MM-DD-YYYY

Date of Retirement: _____
MM-DD-YYYY

Personal Status: ☐ Single ☐ Married ☐ Registered Domestic Partnership
☐ Widowed ☐ Divorced ☐ Terminated Domestic Partnership

II. OPTION ELECTION

☐ **Unmodified Allowance: 60% Continuation to Surviving Spouse or Domestic Partner**

I hereby elect the Unmodified Allowance option. I understand that this option provides the maximum monthly benefit during my lifetime and, upon my death, 60% of my monthly benefit will be paid to my qualified spouse, registered domestic partner, or minor children (payable until age 18 or 22 if a full-time student, or marries, whichever occurs first). If unmarried/unpartnered, I understand any difference between my accumulated contributions and the actual monthly payments that I receive during my lifetime shall be distributed to the beneficiary designated in Section III of this form. I understand that I can name a new beneficiary for the remainder of any accumulated contributions.

☐ **Option 1: Lump Sum Benefit to Beneficiary; No Monthly Continuation**

I hereby elect Option 1 for my retirement allowance. I understand that this option provides a reduced monthly benefit during my lifetime. Upon my death, no continuing monthly benefit will be paid. If the total current service annuity payments I receive during my lifetime are less than my accumulated retirement contributions, the remaining balance will be paid in a lump sum to the beneficiary designated in Section III of this form. If my beneficiary predeceases me, I understand that I may name a new beneficiary to receive any remaining balance. If the total current service annuity payments I receive during my lifetime equal or exceed my accumulated contributions, I understand that no further payments will be made after my death.

☐ **Option 2: 100% Joint and Survivor Annuity**

I hereby elect Option 2 for my retirement allowance. I understand that this option provides a reduced monthly benefit during my lifetime. Upon my death, 100% of my monthly benefit will continue to be paid for the lifetime of the beneficiary designated in Section III of this form. If my designated beneficiary predeceases me, I understand that no continuation will be paid after my death. I understand that I can name a new beneficiary for the remainder of any accumulated contributions.

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☐ **Option 3: 50% Joint and Survivor Annuity**

I hereby elect Option 3 for my retirement allowance. I understand that this option provides a reduced monthly benefit during my lifetime. Upon my death, 50% of my monthly benefit will continue to be paid for the lifetime of the beneficiary designated in Section III of this form. If my designated beneficiary predeceases me, I understand that no continuance will be paid after my death. I understand that I can name a new beneficiary for the remainder of any accumulated contributions.

☐ **Option 4: Retired Member Specifies Benefit and May Designate Multiple Beneficiaries**

I hereby elect Option 4 for my retirement allowance. I understand that this option provides a reduced monthly benefit during my lifetime, based on a customized actuarial calculation approved by the Plan. Upon my death, the beneficiary(ies) designated in Section III of this form will receive a continuation of my benefit in an amount determined by the specific terms of my selection. If all of my designated beneficiary(ies) predecease me, or if the specific terms of my selection do not provide for a beneficiary benefit, I understand that no continuance will be paid after my death. I understand that I can name a new beneficiary for the remainder of any accumulated contributions.

Member Signature

Date

III. RETIREMENT BENEFIT - BENEFICIARY INFORMATION

BENEFICIARY 1

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

BENEFICIARY 2

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

BENEFICIARY 3

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

☐ Check if additional beneficiary and/or guardian information is provided in an attachment.

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Section 31760.3 of the Government Code requires notice to your current spouse or registered domestic partner if you change your beneficiary, request a refund of accumulated contributions, or elect an optional settlement of retirement benefits. With limited exceptions, the Plan cannot allow the designation of an alternate beneficiary without the approval of the current spouse or registered domestic partner.

A. Member Declaration (Read the declaration below and select one option by checking the box.)

By selecting one of the options below, I declare under penalty of perjury under the laws of the State of California that I have accurately reported my marital or partnership status as of the date indicated on this form.

- ☐ I am single, widowed, divorced or terminated my domestic partnership, and I am unaware of any undisclosed actions, agreements, or stipulations regarding my Plan benefits.
- ☐ I am married or registered as a domestic partner and I have named my spouse or registered domestic partner as sole beneficiary under the Plan. Beyond the interests of my current spouse or registered domestic partner, I am unaware of any undisclosed actions, agreements, or stipulations regarding my Plan benefits.
- ☐ I am married or registered as a domestic partner, and I have **NOT** named my spouse or registered domestic partner as my sole beneficiary under the Plan. I understand that my spouse or registered domestic partner must complete **Section B: Required Consent – Current Spouse or Registered Domestic Partner Agreement to Alternate Beneficiary**. Beyond the interests of my current spouse or registered domestic partner, I am unaware of any undisclosed actions, agreements, or stipulations regarding my Plan benefits.

B. Required Consent - Current Spouse or Registered Domestic Partner Agreement to Alternate Beneficiary

I acknowledge and agree with the BENEFICIARY DESIGNATION(S) elected by my spouse or registered domestic partner, and I understand that my consent to this item is voluntary. Absent a Court order to the contrary, I also understand that (a) the beneficiary change requested by my spouse or registered domestic partner is not effective without my signature, (b) future beneficiary changes by my spouse or registered domestic partner still require my signature and consent, and (c) the effect of my signature and consent may be to forfeit benefits to which I would otherwise be entitled upon the death of my spouse or registered domestic partner.

Spouse or Registered Domestic Partner Signature

Date

REQUIRED VERIFICATION OF SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE

Option i: Witnessed by Plan Representative

Signature witnessed this _____ day of _____, 20____

Plan Representative: _____

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Option ii: Witnessed by the Notary Public

County of _____ on _____ before me, _____

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true
and correct.

(SEAL)

Notary Public: _____

My commission expires: _____

IV. BURIAL ALLOWANCE - BENEFICIARY INFORMATION

BENEFICIARY 1

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

BENEFICIARY 2

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

BENEFICIARY 3

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____

☐ Check if additional beneficiary and/or guardian information is provided in an attachment.

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V. STATEMENT OF INCOME TAX WITHHOLDING INFORMATION

FEDERAL TAX WITHHOLDING

☐ Do not withhold Federal income tax.

OR

☐ Withhold Federal income tax based on your filing status (check one):

☐ Single or Married filing separately

☐ Married filing jointly

☐ Head of household

Claim Dependents (optional):

Enter the amount of the child tax credit and the credit for other dependents

Total: \$ _____

Other adjustments (optional):

a. Enter other income not from jobs, such as interest or dividends.

Total: \$ _____

b. Enter deductions claimed other than the standard deduction.

Total: \$ _____

c. Enter any additional tax you want withheld from each pay period.

Total: \$ _____

STATE TAX WITHHOLDING

☐ Do not withhold CA State income tax. **(NON-CA RESIDENTS MAY WAIVE CA STATE TAX.)**

OR

☐ Withhold CA State income tax based on the tax tables for your filing status (select one and indicate number of allowances or 0):

☐ Married with _____

☐ Single with _____

☐ Head of household with _____

Additional withholding: \$ _____ from each benefit payment in addition to the amount to be withheld based on the state tax tables. You must select one of the options above if you want additional withholding. (Enter a dollar amount only.)

OR

☐ Withhold only \$ _____ from each benefit payment. (Enter a dollar amount only.)

I have reviewed the information on this form and submit this statement of income tax withholding on my retirement allowance. I understand this election will remain in effect until I change it. I understand that I may be responsible for any tax liability and/or penalties if my withholding and estimated tax payments are not sufficient.

Member Signature

Date

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VI. DIRECT DEPOSIT INFORMATION

Complete this section to sign up for direct deposit of your retirement warrant.

- **Checking Accounts:** Attach a voided check or photo scan of a check (not a deposit slip) with your name pre-printed on the check (not hand-written), or a bank statement or certified letter from the bank denoting your name, account number, and routing number.
- **Savings Accounts:** Attach a savings account statement, or a bank statement or certified letter from the bank denoting your name, account number, and routing number.

Institution Name: _____

Type of Depositor Account (CHECK ONLY ONE): ☐ Checking ☐ Savings

Nine-Digit Routing Number: _____

Account Number: _____

I authorize SCERS to send 100% of my net pay to the financial institution and account designated above. This authority is to remain in full force and effect until SCERS has received written notification from me of its termination and is afforded a reasonable opportunity to act on it. I acknowledge that SCERS may debit my account with amounts transferred after my date of death or transmitted in error.

Member Signature

Date

VII. TEMPORARY ANNUITY

SCERS offers a Temporary Annuity option under California Government Code Section 31810. This option increases your SCERS monthly benefit until age 62, then permanently reduces it for the remainder of your lifetime—regardless of whether you apply for or receive Social Security.

While this option may benefit some members, it is a complex decision that can significantly impact your long-term finances. SCERS strongly encourages members to carefully consider the consequences before electing this option.

☐ I do not wish to pursue the Temporary Annuity option.

☐ I wish to pursue the Temporary Annuity option under Section 31810 of the Government Code and understand that my SCERS pension will be permanently reduced after I reach the Social Security eligibility age, regardless of whether I apply for Social Security. I understand that my retirement application will not be processed until I have been contacted and counseled by SCERS regarding the Temporary Annuity option.

Member Signature

Date

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VIII. SERVICE RETIREMENT ACKNOWLEDGMENT

SCERS recognizes the significant value of retirement benefits provided to eligible employees and reminds retiring members that many benefit decisions are irrevocable. SCERS tries to develop processes that help members make informed decisions about retirement. Part of the process is to provide retiring members with an acknowledgment form to review and initial prior to the payment of any retirement benefits by SCERS.

This form memorializes your understanding of the information provided. Please check each box to indicate your understanding of each item listed below. If you have any questions regarding any of the items below, please speak with a retirement benefits staff member. This form will become a permanent part of your retirement file.

☐ **Application for Retirement**

This application is irrevocable once your retirement date is reached. I understand that I cannot apply for retirement more than 60 days before the retirement effective date requested above.

☐ **Retirement Date**

Your retirement date is a personal decision; choose the best time for you. The effective date can be as early as the day after you separate from employment but cannot precede the day your Application is received at SCERS.

☐ **Notification to Employer**

It is your responsibility to provide appropriate notice to your employer regarding your retirement plans. SCERS will contact your employer to verify the termination date, sick leave balances, and any information needed to process your retirement application.

☐ **Medical and/or Dental Insurance**

For information regarding group health benefits, eligibility requirements, and any employer paid subsidy in effect at the time of your retirement, please contact your employer's benefits office.

☐ **Purchasing Service**

New service purchase requests must be initiated prior to the date of retirement. Some (not all) new and existing purchase agreements can be completed up to 120 days after retirement.

☐ **Community Property Interest**

Retirement plan benefits earned during marriage or a domestic partnership are presumed to be community property. Community property issues must be resolved prior to retirement. Pursuant to SCERS' Dissolution of Marriage Documents Policy, in any case where SCERS has notice of a non-member's potential community property interest in a member's retirement benefit, no benefits may be paid without an appropriate court judgment, order or other document determining the extent of that interest for each party.

☐ **Option Election**

Your election of a retirement option affects you, any spouse or registered domestic partner, and any beneficiary. The option election is final and irrevocable once payment is issued.

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☐ **Final Calculation of Monthly Retirement Allowance**

Your actual monthly retirement allowance - based on your membership tier, years of service, final compensation and age at retirement - will be finalized after your last paycheck is issued and disclosed to you prior to the issuance of your first retirement check.

☐ **First Retirement Check**

Retiree payroll is processed monthly and released on the last working day of the month. SCERS makes every effort to pay the first retirement warrant within 45 days of the retirement date, but it may take longer under certain circumstances.

☐ **Employment After Retirement**

Post-retirement employment for a SCERS employer is restricted under state law. You may be eligible to work under limited conditions for a SCERS employer provided you have been retired for at least 180 days.

☐ **Limitation on Plan Payments**

Internal Revenue Code Section 401(a)9 limits the Continuance the Plan can pay to certain non-spouse beneficiaries who are more than 10 years younger than the member. Additionally, Internal Revenue Code Section 415(b) places an annual limit on the benefits payable by the Plan. This applies in limited situations and members will be notified if applicable.

I hereby affirm that I have read the Application for Service Retirement in its entirety and, if requested, I received an explanation on each of the items listed on this acknowledgment prior to making informed decisions about my retirement.

Member Signature

Date