

California Teachers Association Employees' Retirement Benefits Trust

This application is for **REQUESTING AN ESTIMATE OF RETIREMENT BENEFITS** or
APPLYING FOR RETIREMENT BENEFITS

Please indicate below whether you are requesting an estimate of or applying for retirement benefits and provide the information requested.

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REQUEST FOR ESTIMATE OF BENEFITS

1. Complete Sections I, II and III of this form and submit to the Plan's Administration Office through the secure participant website or by mail at:

CTA Employees' Retirement Benefits Plan
C/o BeneSys
P.O. Box 154
San Ramon, CA 94583

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APPLICATION FOR RETIREMENT BENEFITS

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR RETIREMENT BENEFITS ONLY

1. Please read each question carefully.
2. PRINT all information. This will avoid delay in having your application processed. It is important that you be as accurate as possible in your replies. Incorrect or incomplete information will delay payment of your pension benefit.
3. BE SURE TO SIGN AND DATE YOUR APPLICATION.

Submit the completed application and copies of required documents to the Plan's Administration Office by mail at the address listed above or through the secure participant website *before* the month in which you wish your retirement to become effective. Regardless of your last date of employment, your retirement will not take effect until you have filed a completed retirement application with the Plan's Administration Office.

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Please submit copies of the following documents with your application for benefits:

- Birth Certificate for you and your spouse, domestic partner, or other beneficiary*
- Marriage License/Certificate or Domestic Partner Affidavit (call the Plan's Administration Office to obtain the Affidavit form)
- Copy of current driver's license or current state I.D. for you and your spouse, domestic partner or other beneficiary
- If you have ever been divorced, please submit a complete copy of your divorce decree(s), Qualified Domestic Relations Orders, Separation Agreements, etc.

Please note: If you are divorced and have a Domestic Relations Order, your application cannot be processed until the Domestic Relations Order has been reviewed and approved as a "Qualified" Domestic Relations Order.

* If a birth certificate is not available, a copy of one of the following items may be submitted instead:

- ✓ Passport
- ✓ Baptismal Certificate
- ✓ Certificate of Armed Service record
- ✓ School records
- ✓ Life insurance policy at least five years old

I. Member Information

Name: _____

Social Security Number: _____

Date of Birth (*for Retirement application, attach proof*): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone Number: _____

Email Address: _____

Marital Status: ☐ Married ☐ Married (with previous marriage) *

☐ Single (Never Married) ☐ Divorced*

☐ Widow ☐ Domestic Partner

**If you have been divorced or legally separated, please submit a copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments).*

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SPOUSE OR DOMESTIC PARTNER (For other beneficiary, see below)

If lawfully married or in a domestic partnership, please complete the following information. For married Retirement Applicants **only**, please include a copy of your marriage certificate and your spouse's proof of age. For Domestic Partner forms and information, please contact the Plan Office. You will need to submit a completed Domestic Partner Affidavit and proof of your domestic partner's age.

Name of Spouse or Domestic Partner: _____

Previous Names and Date Changed, if any: _____

Spouse or Domestic Partner Social Security Number: _____

Spouse or Domestic Partner Date of Birth: _____

Date of Marriage: _____

If you are married, the Benefit Election Form will include benefit amounts under the Joint & Survivor options which you and your spouse also must sign and have notarized before retirement benefits can be paid.

Please note: The spousal consent requirements do not apply to domestic partners.

If you are married or in a Domestic Partnership, your spouse or Domestic Partner, as designated above, will be your beneficiary for any Joint and Survivor Annuity forms of benefit unless you provide information designating a different beneficiary, below. If married, you cannot designate any person other than your spouse as your beneficiary unless your spouse gives their written and notarized consent.

OTHER BENEFICIARY

If you are unmarried and would like your Benefit Election Form to include Joint and Survivor Annuity forms of benefit, or you are married or in a Domestic Partnership and want to designate a beneficiary other than your spouse or Domestic Partner, please include your beneficiary's information below. The only person who may be designated as your beneficiary other than a lawful spouse or domestic partner would be a parent, a child, a brother, or a sister. For Retirement Applicants **only**, please include a copy of your beneficiary's birth certificate and current state issued I.D.

Beneficiary Name: _____

Beneficiary Date of Birth: _____ Relation to Beneficiary: _____

Beneficiary Social Security Number: _____

Please note: If your beneficiary is not your spouse, certain Joint and Survivor Annuity benefit options may be unavailable, depending on your beneficiary's age.

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II. EMPLOYMENT INFORMATION

A. HISTORY:

Name of	Address of		Dates of				Full Time	If Part Show %
			From		To			
			Month	Year	Month	Year		

EMPLOYMENT UNIT (please select the one that applies most recently):

☐ CAS ☐ CSO ☐ CTA Management ☐ CTA Supervisor ☐ CTA Confidential Assistants
Option Staff: ☐ Professional ☐ Administrative

B. PAY INFORMATION:

Your retirement benefit under the Plan is based on your Highest Monthly Compensation. Highest Monthly Compensation is calculated differently for salaried vs. hourly employees, as described below.

Highest Monthly Compensation for all employees, EXCLUDES amounts paid for car allowance, overtime, the value of any fringe benefits (e.g., life insurance), cash-outs of unused sick leave or vacation leave, any retroactive lump sum payment, and any other one-time payment.

- If you are a SALARIED employee, complete the chart in Section 1. below.
- If you are an HOURLY employee, complete the chart in Section 2. below.

1. Salaried Employees: If you are a salaried employee, your Highest Monthly Compensation for any Plan Year (the Plan Year starts on January 1) is the highest regular monthly rate which prevailed at any time during the Plan Year and includes any Employee FICA payments your Employer was required to make on your behalf. The Plan will confirm with your employer the amount of any FICA payments made on your behalf and adjust your highest monthly compensation, if necessary, before your retirement benefit is finalized. Identify the month and year of your highest monthly compensation in the chart below.

Month / Year	Highest Monthly	Unused Sick Leave Days

2. Hourly Employees: If you are an hourly employee, your highest monthly compensation is the amount paid to you for the total number of hours worked during the Plan Year divided by the number of months worked, using the Plan Year that will produce the highest average monthly compensation and includes any Employee FICA payments your Employer was required to make on your behalf. The Plan will confirm with your employer the amount of any FICA payments made on your behalf and adjust your highest monthly compensation, if necessary, before your retirement benefit is finalized. Identify which year you used to calculate your highest average monthly compensation in the chart below.

Year	Amount Paid for Total Hours Worked During Year	Number of Months Worked in Year	Highest Monthly	Unused Sick Leave Days

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III. **RETIREMENT BENEFITS** Please refer to the Summary Plan Description for more information.

Regardless of your last date of employment, your retirement will not take effect until you have filed a completed retirement application with the Plan's Administration Office.

Last Date of Employment: _____ (Month/Day/Year)

**Last date of employment is the later of your last date worked or last date of vacation*

Retirement Effective Date: _____ (Month/Day/Year)

Check the type of retirement for which you are applying:

☐ **EARLY RETIREMENT (Before age 65)** – Please provide your W-2 Forms for the 3 years prior to retirement. These are needed to provide a calculation of your benefit amount under the Social Security Adjustment Option. If these forms are not provided with your application, your benefit election form will not show the benefit amount that would be paid to you under the Social Security Adjustment Option.

☐ **NORMAL RETIREMENT (Age 65 or older)**

☐ **DISABILITY RETIREMENT:** Commencement Date of Total Disability _____

Please attach a copy of your Social Security Award of Disability (or provide a copy no later than sixty (60) days following the Social Security Date of Issue). If you qualify for long term Disability Benefits from CTA, please provide copies of documentation with this application, or promptly upon receipt.

☐ **REQUIRED MINIMUM DISTRIBUTION:** Payable April 1st of the Calendar Year following the later of (i) the calendar year in which your employment with all Participating Employers terminates, or (ii) the calendar year in which you attained age 73.

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RETIREMENT DECLARATION

- *I hereby apply for a Retirement Benefit from the California Teachers Association Employees' Retirement Benefits Plan ("Plan").*
- *I declare that I will be bound by all the Rules and Regulations of the Plan.*
- *Unless I am a Retired Annuitant, I understand that I must not work in employment of the type prohibited by the Plan while receiving my retirement benefit.*
- *If I return to covered employment, I will notify the Plan in writing of this fact within 21 days after I have returned to covered employment. I understand my retirement benefits will be suspended in accordance with the provisions of the Plan.*
- *I understand that I, personally, must endorse each retirement check or complete an appropriate Electronic Transfer form and will make arrangements for the Plan to be notified in the event of my death.*
- *I certify under penalty of perjury, that all of the above statements are true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Plan shall have the right to recover any payments made to me because of a false statement.*

SIGNATURE: _____

DATE: _____