As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as the forms listed below, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this designation, 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 partner.
- [ ] My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- [ ] My current spouse or 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 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 partner. (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.) Education Code section 22454

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).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to $5,000 (Education Code section 22010).

I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner.

MEMBER’S SIGNATURE ___________________________________________ SIGNATURE DATE (MM/DD/YYYY)

Applications Submitted Check the appropriate boxes.

- [ ] Service Retirement Application
- [ ] Reduced Benefit Election
- [ ] Refund Application
- [ ] Preretirement Election of an Option
- [ ] Preretirement Compound Election Option
- [ ] Compound Option Election
- [ ] Service Retirement Application Change Request
- [ ] Option Change After Retirement
  - [ ] Change of Option Beneficiary After Retirement
  - [ ] Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership)
- [ ] Annuity Deposit Information
- [ ] Letter Requesting a Change
- [ ] Reinstatement After Retirement
- [ ] Cancellation or Change of Option After Disability Retirement
- [ ] Rollover of Limited-Term Disability Payments
- [ ] Disability Allowance to Service Retirement Application
- [ ] Disability Allowance to Compound Option Election
- [ ] Defined Benefit Supplement Application for Retired Members