

## THIS FORM IS ONLY TO ELECT A SERVICE RETIREMENT

Contact LACERA for disability retirement or retirement with divorce/dissolution. Account subject to review and may result in a change in retirement benefit. Reciprocity may also affect your benefit.

Before signing this form, you should carefully review your retirement estimates and the descriptions of [retirement options](#) on lacera.com.

Name \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Must be current date or up to 60 days in the future

## SELECT YOUR RETIREMENT OPTION

Having considered all the [retirement options](#), I am electing the option selected below. I understand that this election cannot be changed on or after the retirement date indicated above.

Remember to review and verify your beneficiary designation(s) on [My LACERA](#), and update if necessary before selecting your option. You should also submit dissolution/divorce documents if necessary.

\_\_\_ **Unmodified:** Allows you to receive the maximum allowance. The survivor's benefit for this option applies to your primary beneficiary (your eligible spouse or California-state registered domestic partner or if none, any eligible minor children). They will receive a survivor's continuance of 55 percent for Plan E or 65 percent for all other plans. If you do not have an eligible spouse, domestic partner, or minor child, you may name any person as your beneficiary; however, they will only receive your remaining member contributions and interest and will not be eligible for a continuing benefit.

**Marriage or Domestic Partnership Date:** \_\_\_\_\_

Photocopy of certificate with attestation form required; you will be prompted automatically if uploading your documents on My LACERA, or you can download an [attestation form](#) to submit with faxed or hard copies of your documents.

If you are eligible for Social Security, an additional pension advance option is provided on the next page. If choosing the pension advance option, select Unmodified on this page as well as Pension Advance Option on the next page.

\_\_\_ **Unmodified Plus:** Allows you to receive a reduced benefit during your lifetime in order to pay a higher, customized survivor's continuance. The survivor's benefit for this option applies to your primary beneficiary (your eligible spouse or California-state registered domestic partner). You may choose a survivor's continuance of between 56 percent and 100 percent for Plan E, and between 66 percent and 100 percent for all other plans (enter below). Both your age and the age of your eligible spouse or registered domestic partner are used to calculate the amount of the reduced allowance.

Percentage Amount: \_\_\_\_\_

**Marriage or Domestic Partnership Date:** \_\_\_\_\_

Photocopy of certificate with attestation form required; you will be prompted automatically if uploading your documents on My LACERA, or you can download an [attestation form](#) to submit with faxed or hard copies of your documents.

\_\_\_ **Option 1 (not available for Plan E):** Allows you to receive a slightly reduced retirement allowance and designate a beneficiary to receive a benefit that will be the total of your contributions and interest, less the calculated amount for each month you receive an allowance **and** one-half of the total COLA paid to you during retirement.

If you are eligible for Social Security, an additional pension advance option is provided on the next page. If choosing the pension advance option, select Option 1 on this page as well as Pension Advance Option on the next page.

\_\_\_ **Option 2:** Allows you to receive a reduced retirement allowance during your lifetime with 100 percent of your reduced allowance paid monthly to your named beneficiary after your death. Both your age and the age of your beneficiary are used to calculate the amount of the reduced allowance.

*Photocopy of birth certificate for the primary beneficiary on your beneficiary designation form required; you will be prompted automatically if uploading your documents on My LACERA, or you can download an [attestation form](#) to submit with faxed or hard copies of your documents.*

\_\_\_ **Option 3:** Allows you to receive a reduced retirement allowance during your lifetime with 50 percent of your reduced allowance paid monthly to your named beneficiary after your death. Both your age and the age of your beneficiary are used to calculate the amount of the reduced allowance.

*Photocopy of birth certificate for the primary beneficiary on your beneficiary designation form required; you will be prompted automatically if uploading your documents on My LACERA, or you can download an [attestation form](#) to submit with faxed or hard copies of your documents.*

\_\_\_ **Option 4:** Allows you to receive a reduced retirement allowance during your lifetime to provide a fixed percentage or a set dollar amount to one or more of your named beneficiaries. Your beneficiary will receive the percentage or dollar amount you indicate below. If you have more than one beneficiary, the percentage or dollar amount will be divided based on the percentages you indicated on your beneficiary designation form. If you wish to change your beneficiary(ies), you must do so before you retire, and be aware that the retirement benefit will change based on the difference between you and the age of your beneficiary(ies).

**Total Percentage:** \_\_\_\_\_% **or Set Dollar Amount:** \$ \_\_\_\_\_

*Photocopy of birth certificates for named beneficiaries on your beneficiary designation form required; you will be prompted automatically if uploading your documents on My LACERA, or you can download an [attestation form](#) to submit with faxed or hard copies of your documents.*

\_\_\_ **Pension Advance Option (for Unmodified or Option 1 only):** The Pension Advance Option allows you to receive a higher LACERA benefit prior to age 62 if you are eligible for Social Security. At age 62, LACERA will apply the reduction amount based on your Social Security Administration (SSA) benefit estimate, regardless of the amount you actually collect from SSA at age 62.

To elect this option, you must retire prior to age 62 for service (not disability), be a member of a contributory plan, be fully insured under Social Security, and elect either the Unmodified retirement allowance or Option 1. Be sure to select either Unmodified or Option 1 on the previous page.

*If selecting this option, you must attach a copy of your current Social Security Statement. After you turn 62, your LACERA benefit will be reduced by your Social Security benefit **estimated** at age 62, regardless of the amount you actually collect from SSA.*

By signing this election form, I understand I am electing to retire on the date listed above and under the retirement option selected above. I understand that I cannot rescind this election to retire after 5:00 PM on **the business day prior** to the retirement date listed above, and that after that date, this election is final and cannot be rescinded or modified.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

*Please note that a **physical signature is required**. LACERA cannot accept electronic signatures at this time. However, you can print, sign, and scan this form to upload.*

**To submit your form and attachments:** Sign in to [My LACERA](#) to upload your documents (recommended as the fastest and easiest method). You can also submit them by mail, fax, or LACERA's onsite drop-box (see our [contact us](#) page).

