

Welcome to LACERA's Retirement Application. This document is intended solely for LACERA members electing to apply for service retirement. Contact LACERA for disability retirement or retirement with divorce/dissolution.

Completion of this form requires you to provide necessary personal information and make essential decisions about your retirement. You will need to select a retirement option from six available choices. Each option offers a different balance of benefits for you and your beneficiaries. They are all thoroughly explained in the options section to assist you in making an informed decision.

You will also be required to submit the appropriate documents, depending on your election, along with your form:

- Photocopy of your marriage certificate or California certificate of registered domestic partnership
- Beneficiary birth certificate(s)
- A certificate attestation form with photocopies of your marriage, birth, or domestic partnership certificates, certifying that the copy submitted is a true and correct copy of the certificate and contains no alterations from the original
- Social Security statement showing your benefit amount, if applicable

Important: LACERA will accept your signed retirement election and we will honor the date requested; however, LACERA cannot process your application or provide retirement benefits until the required documentation for your option is provided.

If your account has a legal hold for pending dissolution of marriage or registered domestic partnership, we cannot pay your retirement allowance until we have received the final conformed dissolution documents.

Submission notes: Refer to the instructions at the bottom of Section 5 for details on how to share your application and other required documents with LACERA. When submitting certificates, you will be prompted to complete an attestation form if uploading to [My LACERA](#), or you can download a [certificate attestation form](#) to provide with uploaded, faxed, or hard copies. Your account is subject to review, which may result in a change in retirement benefit. Reciprocity may also affect your benefit.

SECTION 1 Enter Your Personal Information

Name (First Name, Middle Initial, Last Name)		Marital Status*
Email	Employee #	Mobile Phone

*You must be married or registered with the California Secretary of State as domestic partners one year prior to your service retirement for your spouse or partner to be eligible for continuing survivor's benefits.

SECTION 2 Confirm Your Beneficiary Designation

Your beneficiary designation directs how your retirement benefits will be distributed, based on your retirement option, when you pass away. Before submitting your retirement election form, check and make any needed updates to your beneficiary designation. You can update your beneficiary(ies) on [My LACERA](#) or submit a new [Beneficiary Designation form](#).

_____ By providing my initials, I confirm that I have reviewed my current beneficiary designation and verified that my beneficiary(ies) and their contact information are up to date and correct.

For your eligible spouse, registered domestic partner, or disabled adult dependent to receive lifetime survivor healthcare benefits, you **must** name them as beneficiary and they must be entitled to receive a continuing monthly allowance. [Retiree Healthcare eligibility rules apply.](#)

SECTION 3 Provide Your Service Retirement Date

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

Name (First Name, Middle Initial, Last Name)	Employee ID #	Retirement Date (must be current date or up to 90 days in the future)

SECTION 4 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.

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; for your spouse or partner to be eligible, you must be married or registered at least one year prior to retirement.) 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: _____ **Spouse or Domestic Partner Birthdate:** _____



Required Documents to Submit With Application

• Photocopy of marriage or domestic partnership certificate with [attestation form](#)

Unmodified with Pension Advance (not available for Plan E): If you are eligible for Social Security benefits, an additional pension advance option is provided on page 4. If choosing the pension advance option, select Unmodified on this page as well as Pension Advance Option on page 4.

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 must be married or registered at least one year prior to retirement.) 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: _____ **Spouse or Domestic Partner Birthdate:** _____



Required Documents to Submit With Application

• Photocopy of marriage or domestic partnership certificate with [attestation form](#)

• Photocopy of spouse or domestic partner birth certificate with [attestation form](#)

* Exceptions: If you retire under the Unmodified option, you can change to a modified option after your retirement date but prior to your first payment. If you elect and are granted a service retirement and are later granted a disability retirement, you may elect to change your retirement option. This will result in a change to your retirement benefits.

Option 1 (not available for Plan E): Allows you to receive a slightly reduced retirement allowance and designate a beneficiary or your estate to receive a lump-sum payment 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 your named beneficiary is a natural person, they must have an insurable interest in your life (meaning they depend on you for education, support, money, property, and/or services.)

Option 1 with Pension Advance (not available for Plan E): 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. Your named beneficiary must have an insurable interest in your life (meaning they depend on you for education, support, money, property, and/or services.)



Required Documents to Submit With Application

·Photocopy of beneficiary birth certificate with [attestation form](#)

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. Your named beneficiary must have an insurable interest in your life (meaning they depend on you for education, support, money, property, and/or services.)



Required Documents to Submit With Application

·Photocopy of beneficiary birth certificate with [attestation form](#)

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 age, the age of your beneficiary(ies), and the amount left to your beneficiary(ies) are used to calculate the amount of the reduced allowance. Your named beneficiaries must have an insurable interest in your life (meaning they depend on you for education, support, money, property, and/or services.)

Fill in the total percentage or dollar amount you want to designate from your benefit below. (The percentage can be a range from 1 to 100 percent.)

Total percentage: _____ % **OR Set dollar amount:** \$ _____

Next specify how you want the total percentage or dollar amount listed above to be divided among your beneficiaries. Provide the amounts below and make sure they add up to 100 percent. If you have one beneficiary, they will receive 100 percent, so fill in that amount. If you have multiple beneficiaries, provide their names and percentage information below, based on your beneficiary designation form on file. **The names and percentages below must match your beneficiary form.**

Beneficiary #1 Name: _____ **Beneficiary #3 Name:** _____

Percentage: _____ **Percentage:** _____

Beneficiary #2 Name: _____ **Beneficiary #4 Name:** _____

Percentage: _____ **Percentage:** _____

If you have more than four beneficiaries, contact LACERA.



Required Documents to Submit With Application

·Photocopy of beneficiary(ies) birth certificate(s) with [attestation form](#)

Important: Any changes to your beneficiary(ies) must be made before you retire. If the beneficiaries and percentages you want to assign are different from your beneficiary designation form, you will need to submit a new form.

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 on the previous page.

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.



Required Documents to Submit With Application

• Social Security statement showing your benefit amount

SECTION 5 Submit Your Election Form

By signing this election form, I understand I am electing to retire on the date listed in Section 3 and under the retirement option selected in Section 4. I understand that I cannot rescind this election to retire after 5 p.m. on the business day prior to the retirement date listed in Section 3, and that after that date, this election is final and cannot be rescinded or modified.

I certify I have reviewed all the available retirement options, and understand that depending on the option selected, I may not be able to change my beneficiary after retirement. I also understand that an account review will be conducted to determine final retirement benefits. Estimated amounts will only be finalized after account review is completed and all salaries have been posted.

Signature _____

Date: _____

Check here if you are the member's designated Attorney In Fact under a valid Power of Attorney.

A signature is required. You can provide your electronic signature by clicking in the box above and following the prompts. Documents with electronic signatures must be uploaded to your My LACERA account. You can also print, sign, and submit your form and documents via one of the methods below.

Important: If you submit your signed election form but pass away prior to your retirement date, your survivors will only be eligible for active death benefits (eligibility rules apply). Plan E members: There are no pre-retirement death benefits under your plan, which is important to consider when selecting your retirement date.

How to Submit Your Form and Documents

Upload:

Scan or take a cellphone photo of your documents and log in to submit via [My LACERA](#) (recommend as the fastest and easiest method). PDF, JPG, and PNG formats accepted. Be sure the images are entirely legible before sending to avoid a delay.

Mail:

LACERA
P.O. Box 7060
Pasadena, CA 91109-7060

Fax:

626-564-6155

Drop off:

Our secure onsite mailbox is located to the right of the main lobby entry doors at 300 N. Lake in Pasadena. We mark a document as "received" if it is dropped off before 4 p.m. during the week. (Any document placed in the maildrop after 4 p.m. is picked up the next business day.)

