



348 W. Hospitality Lane, San Bernardino CA 92415-0014

909 885 7980

Important Notice: Members who voluntarily or involuntarily terminate employment with any SBCERA participating employer have certain rights and options with regard to their SBCERA account. Please read the following information to help you decide what to do with your SBCERA account. If you need further clarification, please call SBCERA at (909) 885-7980 or toll free at (877) 722-3721.

If you have five (5) or more years of employment service, below are the options available to you when you terminate your employment from any SBCERA participating employer. If you do not return this form to SBCERA, your account will automatically be put into a Deferred status.

- 1) You are considered vested in the retirement plan. Being vested allows you to defer your retirement. With this option, you must leave your contributions on deposit with SBCERA. You will begin to receive the benefits once you are eligible to retire, and when you submit an application for retirement. There are two requirements to retire: (1) you must be at least 50 years old **AND** (2) you must have the equivalent of at least 10 years of service credit had you not left the SBCERA employer. To get an idea of how much your retirement benefits will be when you are eligible, please call SBCERA to request a benefit estimate. If this is your preferred option, please complete and sign the enclosed **Request to Defer Retirement Form**.
- 2) If you are working for another public agency in California that has a reciprocal agreement with SBCERA, you also have the option to defer your retirement and establish "reciprocity." Reciprocity links your employment service between two retirement systems that have a reciprocal agreement. Your employment with the other public agency must begin within 180 days after your termination date with the SBCERA employer. If this applies to you, please complete and sign the enclosed Request to Defer Retirement Form.
- 3) If you have only non-refundable contributions, your only option is deferred retirement. You may not request a refund. Please make sure to complete and sign the enclosed Request to Defer Retirement Form. If you have both refundable and non-refundable contributions, you may request the refundable portion of your contributions. Please note that you waive all rights to retirement benefits including disability when you request a refund of your refundable contributions. Please call SBCERA to verify if this option is available to you.
- 4) If you have refundable contributions, you have the right to a refund of the money in your account. You can request a refund of your account balance, or a rollover of your account balance to a qualified retirement plan (IRA) of your choice. You can also rollover a partial amount to a qualified retirement plan (IRA) and have the remaining funds paid to you. If this is your preferred option, please complete and sign the enclosed Request for Refund of Contribution / Rollover to IRA / Leave Funds on Deposit Form. A refund or rollover of your contributions will terminate all rights to any retirement benefits including disability benefits.

If you have less than five (5) years of employment service, below are the options available to you when you terminate your employment with any SBCERA participating employer. If you do not return this form to SBCERA, your account will automatically be put "On Deposit."

- 1) You may leave your funds on deposit with SBCERA and let them continue to earn interest. Currently, the interest rate is based on the six-month T-bill rate. If this is your preferred option, please complete and sign the enclosed **Request for Refund of Contribution / Rollover to IRA / Leave Funds on Deposit Form**.
- 2) If you have refundable contributions, you have the right to access the money in your account. You can request a refund, or rollover your account to a qualified retirement plan (IRA) of your choice. You can also rollover a partial amount to a qualified retirement plan (IRA) and have the remaining funds paid to you. If this is your preferred option, please complete and sign the enclosed **Request for Refund of Contribution / Rollover to IRA / Leave Funds on Deposit Form**.
- 3) If you have only non-refundable contributions, your only option is deferred retirement with reciprocity. If you are employed by another public agency in California within 180 days after your termination date from a SBCERA employer, please contact SBCERA to find out if you are eligible for reciprocity. If you are re-employed by the County of San Bernardino or become employed by another SBCERA employer, you may request service credit for the period of employment for which you elected non-refundable contributions. Please complete and sign the enclosed Request to Defer Retirement Form. If you have both refundable and non-refundable contributions, you may request the refundable portion of your contributions. **Please note that you waive all rights to retirement benefits including disability when you request a refund of your refundable contributions. Please call SBCERA to verify if this option is available to you.**



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Request to Defer Retirement

Please make sure you have read the cover page for this form. If you have questions, please call SBCERA at (909) 885-7980 or toll free at (877) 722-3721. After completing this form, please send it to SBCERA at 348 W. Hospitality Lane 3rd Floor, San Bernardino, CA 92415-0014.

PART I. EMPLOYEE INFORMATION

Name of Member _____ SSN _____

Mailing Address _____

Contact Phone No. _____ Dept/ District _____

Termination Date _____

PART II. SELECTION OF OPTION

I elect deferred retirement. I understand that in order to receive the benefits once I am eligible, it is my responsibility to apply for retirement within 60 days before the effective date of my retirement.

I elect deferred retirement with intersystem transfer to: _____. I understand that my SBCERA contributions may not be withdrawn while I am employed as a member of a 1937 Act County or engaged in employment with a reciprocal entity. I have entered into the new system within six months after termination of active SBCERA membership.

Signature of Member _____ Date _____

Part III. NOTIFICATION OF SPOUSE

Government Code 31672.3 requires that the member's current spouse be notified of the member's selection of benefits. **IF MEMBER IS NOT MARRIED OR CANNOT OBTAIN SIGNATURE OF CURRENT SPOUSE, the JUSTIFICATION FOR NON SIGNATURE OF SPOUSE Form must be completed and signed.**

By signing this form, I, _____ acknowledge my spouse's selection of benefits.
Printed Name of Spouse

Signature of Spouse _____ Date _____



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014909-885-7980

JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE or DOMESTIC PARTNER

Please print Name, Address, City, State, Zip below.

Government Code Section 31760.3 requires that the current spouse or domestic partner be notified of the selection of benefits or change of beneficiary made by a member, unless the member makes the following declaration, in writing under penalty of perjury.

I, _____ (member name), declare:

1. That on _____ (date) I have made: (Check One)

- An application for a refund of my accumulated contributions
- An election of optional settlement
- A change in beneficiary designation

Select either 2 or 3 and indicate specifics:

2. By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:

- Never married or never in a legal domestic partnership.
- Divorced/legally separated/marriage annulled or domestic partnership terminated. _____
Date (mm/dd/yyyy)
- Widowed. _____
Date (mm/dd/yyyy)

3. That my selection of benefits or change of beneficiary, as mentioned above in section 1, did not contain the signature of my current spouse or domestic partner because: (Check One)

- My current spouse or domestic partner has no identifiable community property interest in the benefit
- I do not know, and have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.
- My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgment
- My current spouse or domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical condition
- My current spouse or domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code, which make the community property law inapplicable to the marriage.

If a selection was made under section 3, you must provide the name of your spouse or domestic partner below:

My current spouse or domestic partner's name is: _____
(Please print)

I declare under penalty of perjury all of the foregoing statements to be true and correct.

Executed this _____ day of _____, 20____, in _____,
(CITY)

(STATE)

(SIGNATURE OF DECLARANT)

(S.S.N. OF DECLARANT)