STATE OF CALIFORNIA

PST RETIREMENT PLAN BENEFIT PAYMENT APPLICATION

STD. 951 (REV. 12-97)

RETURN COMPLETED APPLICATION TO:

PST RETIREMENT PLAN
Department of Personnel Administration
1800 15th Street
Sacramento, CA 95814-6614

PRIVACY STATEMENT: Providing the social security account number is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). If, however, the social security account number is not included, it may result in a delay or in our inability to comply with your request.

A. EMPLOYEE INFORMATIONPlease note that you are not eligible to apply for a refund until 90 days after you retire or separate from all State employment. If this application is received by our office before you become eligible for payment, it will not be processed until the month following the 90-day period.			
SOCIAL SECURITY NUMBER (See Privacy Statement) BIR	THDATE	TELEPHONE NUMBER	
NAME (Last)	(First)	(M.I.) RETIREME	NT/SEPARATION DATE
ADDRESS (Number, Street, Apt. Number)			
CITY STATE ZIP CODE			
B. COMMENCEMENT DATE ELECTIONYou may choose to receive your lump-sum payment as soon as possible (after the 90-day waiting period) or at a future date you have elected. Payment cannot be deferred beyond age 70 1/2.			
INDICATE WHEN YOU WOULD LIKE PAYMENT ISSUED		Month Year	
ISSUE PAYMENT AS SOON AS POSSIBLE		ISSUE PAYMENT -	
C. CERTIFICATION YOU MUST OBTAIN RETIREMENT VERIFICATION FROM YOUR PERSONNEL OFFICE or provide a copy of the Notice of Personnel Action Report of Separation (NOPA) you will receive approximately three weeks after your last working day. Return this Application and, if applicable, the NOPA to the Savings Plus Program office at the address listed at the top of this Application. IMPORTANT: Your Application will NOT be processed for payment if you do not attach your NOPA, or if Section D has not been			
signed by your Personnel Office. Additionally, you must also include a copy of your photo identification and social security card.			
I understand pursuant to Federal Regulations, the election of a commencement date is FINAL AND IRREVOCABLE and it is within the authority of the State of California to approve or disapprove this request. I declare, under penalty of perjury, pursuant to the laws of the State of California, that the foregoing is true and correct.			
Signature		Date signed	
		_	
D. RETIREMENT / SEPARATION VERIFICATION (Obtain from YOUR Personnel Officesee notes in Section C above)			
I certify that this employee is retired/separated from State service effective:			
If more information is needed, please contact me at:			
AUTHORIZED DEPARTMENT REPRESENTATIVE (Please Print or	Type)	SIGNATURE	DATE SIGNED

Payment Information

- Payments are mailed to the address you have provided on this Application. (See Section A above.) Payments will not be made unless this Application and the NOPA are received by the Savings Plus Program office at least 30 days before the payment is scheduled for mailing date.
- 2. Payments are made in a lump sum. Income taxes will NOT be withheld IF your account balance is less than \$2,500. If your account exceeds \$2,500, taxes will be mandatorily withheld at the rate of 15% for Federal and NONE for State. In January of the following year, a W-2, Wage and Tax Statement, will be mailed to the address you have provided on this Application.