



Justification for Absence of Spouse's or Registered Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Section 1

Please include the month, day, and year for all dates as follows: **mm/dd/yyyy**.

Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Pursuant to Government Code Section 21261, a member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse's or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member.

Select either 1 or 2 and indicate specifics:

1. By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
 - Never married or never in registered domestic partnership.
 - Divorced/marriage annulled or registered domestic partnership terminated. _____
Date (mm/dd/yyyy)
 - Widowed. _____
Date (mm/dd/yyyy)

2. By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
 - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**
 - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgment; **or**
 - My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; **or**
 - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**
 - My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2

Information Certification

I certify under penalty of perjury that the foregoing information is true and correct.

Signature of Member

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711