

## **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems**

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

Section 1	Member Information		
Please complete and return to CalPERS.	Name of Member (First Name, Middle Initial, Last Name	3)	   Social Security Number or CalPERS ID
	 Birth Date (mm/dd/yyyy)	( ) Daytime Phone	( ) Alternate Phone
	Address		1 1
	City		State ZIP
Section 2	Retirement System You Are Leaving		
	Name of Retirement System		Date of Separation (mm/dd/yyyy
Section 3	Retirement System You Are Entering		
	Name of Retirement System		Date of Entry (mm/dd/yyyy)
Section 4	Member Signature  • I understand that when CalPERS receives my Confirmation of Intent to Establish Reciprocity When		
	Changing Retirement Systems form, CalPERS will review my eligibility for reciprocal benefits.		
	<ul> <li>I understand that by accepting employment in a public retirement system, I am subject to the laws and regulations administered by that system. I understand that in order to retain the benefits of reciprocity my contributions may not be withdrawn while:</li> </ul>		
	<ul> <li>I am in employment as a member of JRS, JRS II, LRS, CalSTRS, or UCRP.</li> </ul>		
	<ul> <li>I am in employment entered within six months of a system covered under the County Employees'</li> <li>Retirement Law of 1937 or a public agency retirement system listed in this publication.</li> </ul>		
	I understand that this information may be shared with the other retirement system.		
	• I certify that I have read and understand the information that accompanied this document, and I hereby confirm my intent to establish reciprocity if I should be found eligible.		
	<ul> <li>Upon signing and returning this document, I understand and intend to establish reciprocity between retirement systems, where applicable, and I understand that my eligibility for this right is subject to review at any time.</li> </ul>		
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Mail to:

Date (mm/dd/yyyy)

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Member Signature