



# 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)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Daytime Phone	Evening Phone	
Address			
City	State	ZIP	

## Section 2

### Retirement System You Are Leaving

Name of Retirement System	Date of Separation (mm/dd/yyyy)
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## Section 3

### Retirement System You Are Entering

Name of Retirement System	Date of Entry (mm/dd/yyyy)
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## Section 4

### Member Signature

- When CalPERS receives your *Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems* form, CalPERS will review your eligibility for reciprocal benefits.
- 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 I understand that in order to retain the benefits of reciprocity my contributions may not be withdrawn while:
  - I am in employment as a member of JRS, JRS II, LRS, CalSTRS, or UCRP.
  - I am in employment entered within six months of a system covered under the County Employees' Retirement Law of 1937 or a public agency retirement system listed in this publication.
- 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.
- 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.

Member Signature	Date (mm/dd/yyyy)
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Mail to:

CalPERS Member Account Management Division • P.O. Box 942704, Sacramento, California 94229-2704