

# Estimate Request Form

COG 1817 (Rev. 11/10)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 89  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

Please respond to the following questions as applicable to your planning. This will assist us in preparing your personalized Estimates.

## Section 1: Member Information

NAME (LAST, FIRST, INITIAL)		CalSTRS CLIENT ID NUMBER	
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	
CITY	STATE	ZIP CODE	HOME TELEPHONE ( ) -
E-MAIL ADDRESS			

## Section 2: Estimate Information

What is your projected retirement date? \_\_\_\_\_

Are you currently working Full Time or Part Time? \_\_\_\_\_

Amount of unused sick leave days: \_\_\_\_\_

The number of contracted days you work in a year: \_\_\_\_\_

Would you like to provide a lifetime monthly benefit to another person in the event of your death? \_\_\_\_\_

If yes – What is the person's date of birth? \_\_\_\_\_

Person's relationship to the Member: \_\_\_\_\_

Are you considering purchasing additional Service Credit? \_\_\_\_\_

Will you be retiring from another California Public Retirement System? \_\_\_\_\_

If yes – Name of the Public Retirement System? \_\_\_\_\_

**PLEASE COMPLETE AND FAX OR EMAIL THIS FORM WITHIN 72 HOURS OF RECEIPT. WE WILL NOT BE ABLE TO PROVIDE YOUR PERSONALIZED ESTIMATES IF YOU DO NOT RETURN THIS FORM.**

**FAX:** [Click here and type Fax Number]

**EMAIL:** [Click here and type email address]



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