



**SADDLEBACK VALLEY UNIFIED  
SCHOOL DISTRICT  
25631 PETER A HARTMAN WAY  
MISSION VIEJO, CA 92691**

**Retirement Information**

The information provided on this form will allow your district to determine the appropriate retirement system options available to you for your current position. Please check the boxes as applicable.

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**I am currently, or have been, a member of STRS (State Teachers' Retirement System - for positions requiring a credential)**

Current member with funds in STRS

Membership effective date: \_\_\_\_\_

Refunded STRS contributions effective: \_\_\_\_\_

Retired from STRS effective: \_\_\_\_\_

List all California public schools employers through which STRS membership established:

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**I am currently, or have been, a member of PERS (Public Employees' Retirement System)**

Current member with funds in PERS

Membership effective date: \_\_\_\_\_

Refunded PERS contributions effective: \_\_\_\_\_

Retired from PERS effective: \_\_\_\_\_

List all California public schools employers and other public agency(s) through which PERS membership established:

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**YES    NO** In the last 12 months, I have received unemployment insurance payments based on prior employment as a retired annuitant with the State of California or other PERS employer. (Gov. Code Section 21224)

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**I am currently, or have been, a member of PARS (Public Agency Retirement System)**

Current member with funds in PARS

Refunded PARS contributions effective: \_\_\_\_\_

List employer through which PARS membership established: \_\_\_\_\_

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**I am currently, or have been, a member of a California public retirement system other than above**

Name of California public retirement system: \_\_\_\_\_

Current member effective: \_\_\_\_\_

Refunded contributions effective: \_\_\_\_\_

List employer(s) through which membership established: \_\_\_\_\_

Date of separation from most recent California public retirement system employer: \_\_\_\_\_

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**I have never been a member of STRS, PERS, PARS, or any other California public retirement system.**

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I certify under penalty of perjury that the information I have entered on this form is true and complete to the best of my knowledge.

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Signature

Date