



STATEMENT OF CALPERS MEMBERSHIP STATUS

Please indicate if you have ever been a member of CalPERS.

No, I have not been a member of CalPERS. *(sign and date at bottom)*

Yes, I have been a member of CalPERS. *(see instructions below)*

CalPERS Membership Information (if answered YES to the previous question)					
Name of Most Recent CalPERS Agency:	Membership Date:	Separation Date:	Retired* or Date:	Refunded* or	Other*
Name of Prior CalPERS Agency:	Membership Date:	Separation Date:	Retired* or Date:	Refunded* or	Other*
Name of Prior CalPERS Agency:	Membership Date:	Separation Date:	Retired* or Date:	Refunded* or	Other*

**Retired — Retired from a CalPERS agency.*

Refunded — Worked for a CalPERS agency, received a refund of contributions and ended CalPERS membership.

Other — Worked for a CalPERS agency and not currently receiving CalPERS income.

Please provide any supplemental comments on your membership(s) in the area below.

Name:

Signature

Date