

# Beneficiary Designation Form

For All SDCERA Members

Submit this form to designate beneficiary(ies) for your SDCERA benefit. Upon your death, eligible beneficiaries may receive benefits, including any unpaid retirement benefits, from SDCERA. Contingent beneficiaries receive benefits only if the primary beneficiary(ies) is/are deceased.

<b>SECTION 1 – MEMBER INFORMATION</b>				
Full Name			Social Security Number	
Street Address			Birthdate	
City	State	Zip	Daytime Telephone Number (    )	
Member status (check one) <input type="checkbox"/> Active Member <input type="checkbox"/> Deferred Member <input type="checkbox"/> Retired Member				
<b>SECTION 2 – BENEFICIARIES:</b> Each person named as a beneficiary must be designated either primary or contingent and have a percentage assigned to them. The primary or contingent designation indicates the order in which beneficiaries are eligible to receive benefits. Contingent beneficiaries are only paid benefits if the primary beneficiary(ies) is/are deceased. <ul style="list-style-type: none"> <li>Percentages for primary beneficiaries must equal 100%.</li> <li>Percentages for contingent beneficiaries must equal 100%.</li> <li>Percentages must be in whole numbers; do not use fractions or decimals.</li> <li>If designating more than four beneficiaries, attach an additional page.</li> </ul>				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name		Social Security Number	
Percent (%)	Street Address			Birthdate
	City	State	Zip	Daytime Telephone Number (    )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name		Social Security Number	
Percent (%)	Street Address			Birthdate
	City	State	Zip	Daytime Telephone Number (    )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female



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SECTION 2 – BENEFICIARIES: CONTINUED				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name			Social Security Number
	Street Address			Birthdate
Percent (%)	City	State	Zip	Daytime Telephone Number (    )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name			Social Security Number
	Street Address			Birthdate
Percent (%)	City	State	Zip	Daytime Telephone Number (    )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>SECTION 3 – TRUST INFORMATION:</b> Only complete this section if you are naming a trust as your beneficiary. You must submit a copy of the trust or properly executed certificate of trust and a list of all beneficiaries of the trust with this designation. Use the language your attorney has given you when naming the trust and include the tax identification number, if applicable. Also include the successor trustee’s name and phone number. If your beneficiary is eligible for a monthly continuance upon your death, that continuance cannot be paid to a trust. However, any unpaid retirement benefits can be paid to a trust.				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Official Name of Trust			Tax Identification Number
	Contact Person for Trust (Successor Trustee)			Telephone Number for Contact (    )



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**SECTION 4 – LUMP-SUM DEATH BENEFIT FOR RETIRED MEMBERS ONLY:** The beneficiary(ies) you name in this section will receive a one-time, lump-sum \$3,500 death benefit. If this section is left blank, beneficiary(ies) named in Section 2 will receive this payment, if eligible.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name			Social Security Number
	Street Address			Birthdate
Percent (%)	City	State	Zip	Daytime Telephone Number ( )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name			Social Security Number
	Street Address			Birthdate
Percent (%)	City	State	Zip	Daytime Telephone Number ( )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Full Name			Social Security Number
	Street Address			Birthdate
Percent (%)	City	State	Zip	Daytime Telephone Number ( )
	Relationship to Member			<input type="checkbox"/> Male <input type="checkbox"/> Female

**NAMING A TRUST FOR THE LUMP-SUM DEATH BENEFIT**  
If you name a trust as your beneficiary, you must submit a copy of the trust or a properly executed certificate of trust and a list of all of the beneficiaries of the trust.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Official Name of Trust	Tax Identification Number
Percent (%)	Contact Person for Trust (Successor Trustee)	Telephone Number for Contact ( )



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**SECTION 5 – REQUIRED SIGNATURES:** California Government Code section 31760.3 requires notice be given to your current spouse/registered domestic partner (if you are married, legally separated, or in a registered domestic partnership) whenever you designate a beneficiary. This section of the law also requires the signature of your spouse/legally-separated spouse/registered domestic partner on a beneficiary designation, unless you declare in writing under penalty of perjury the reason why their signature is not included. In addition to your signature in Box A, your spouse/legally-separated spouse/registered domestic partner must sign in Box B.

<b>Box A</b>	<p><b>MEMBER’S SIGNATURE</b></p>
	<p>I certify the information I have provided on this form is correct and authorize SDCERA to update my record. This beneficiary designation cancels all previous designations. If my spouse, legally-separated spouse, or registered domestic partner did not sign Box B below, I declare under penalty of perjury that their signature is not included for the following reason:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am not married, legally separated, or in a registered domestic partnership; or I am a widow/widower.</li> <li><input type="checkbox"/> My current spouse, legally-separated spouse, or registered domestic partner has no identifiable community property interest in the benefit.</li> <li><input type="checkbox"/> My current spouse, legally-separated spouse, or registered domestic partner has been advised of the change of beneficiary designation and has refused to sign the new designation.</li> <li><input type="checkbox"/> I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse, legally-separated spouse, or registered domestic partner.</li> <li><input type="checkbox"/> My current spouse, legally-separated spouse, or registered domestic partner is incapable of executing the acknowledgement because of incapacitating mental or physical conditions.</li> <li><input type="checkbox"/> My current spouse, legally-separated spouse, or registered domestic partner and I have executed a marriage/partnership settlement agreement pursuant to Part 5 (commencing with Section 1500) of the Family Code, which makes the community property law inapplicable to the marriage/registered domestic partnership.</li> </ul> <p>If married, legally-separated, or in a registered domestic partnership during any period of service with SDCERA, and my designated beneficiary is someone other than my spouse/legally separated spouse/registered domestic partner, I understand that my spouse/partner may assert a community property interest in the retirement benefit provided to my beneficiary. The designation of a spouse/partner is cancelled by dissolution of marriage or termination of domestic partnership.</p> <p>Member’s Signature _____ Date _____</p>
<b>Box B</b>	<p><b>SPOUSE/LEGALLY-SEPARATED SPOUSE/REGISTERED DOMESTIC PARTNER SIGNATURE</b></p>
	<p>By signing, I acknowledge this beneficiary designation.</p> <p>Spouse/partner’s Signature _____ Date _____</p>