

# Beneficiary Designation

**Form  
102**

(Rev. 2017)

**Section 1: MEMBER INFORMATION**

New  Change

Please check one:  Active  Deferred

First Name		MI	Last Name		Social Security Number
Street or P.O. Box		City		State	Zip Code
Phone Number	Email Address		Marital Status		Gender
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female

**NOTE:** If you are not naming your spouse/registered domestic partner as 100% assigned primary beneficiary, your spouse/partner's signature is required on the reverse side of this form in Section 5 and must be witnessed by a notary public.

Each person you name that shares the benefit must have a percent assigned and add up to 100%. If you do not indicate a percentage, the benefit(s) will be divided into equal parts. If you need to list additional beneficiaries, follow the same format of this form on a separate sheet of paper, sign/date and attach it. If you are married, in a domestic partnership or have minor children, your spouse/partner or minor children may have superior rights over any other person you name as a beneficiary. Some beneficiaries may not be eligible to receive certain monthly continuances or benefits.

**IF YOU ARE NAMING A MINOR:** Funds may not be dispersed for minor children until legal guardianship is established. If a beneficiary is a minor and you wish to name an adult to receive and manage payments for the minor without court appointment or court supervision until an age you choose, name the minor as beneficiary using this format: [Name of adult] as custodian for [Name of minor] until age [choose a number at least 18 but not more than 25]. Provide their date of birth, social security number, relationship and use the adult's address and telephone number. Alternatively, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required and all funds will be distributed to the beneficiary at age 18.

Unless you provide otherwise, if you name multiple beneficiaries, in the event beneficiaries have pre-deceased you, CCCERA will pay equal shares to the surviving beneficiaries.

In accordance with the County Employees' Retirement Act of 1937 (CERL), I understand that I am revoking all previously named beneficiaries and now nominate as my beneficiary, to receive any benefits in the event of my death prior to retirement, the following person(s):

**Section 2: PRIMARY BENEFICIARY INFORMATION**

(1) First Name	MI	Last Name		Benefit %
				.0%
Street or P.O. Box		City		State Zip Code
Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number		Relationship
(2) First Name	MI	Last Name		Benefit %
				.0%
Street or P.O. Box		City		State Zip Code
Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number		Relationship
(3) First Name	MI	Last Name		Benefit %
				.0%
Street or P.O. Box		City		State Zip Code
Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number		Relationship

**Beneficiary information WILL NOT be accepted without your signature. If you are married or in a registered partnership, your spouse/partner's signature is required in (Section 5) as notification of your change of beneficiary designation. This new designation cancels all previous designations.**

Member's Signature (Required)	Printed Name	Date (mm/dd/yyyy)
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TURN OVER →

**Section 3: SECONDARY BENEFICIARY INFORMATION**

(1) First Name	MI	Last Name	Benefit %
			<b>.0%</b>
Street or P.O. Box	City	State	Zip Code
Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship
(2) First Name	MI	Last Name	Benefit %
			<b>.0%</b>
Street or P.O. Box	City	State	Zip Code
Phone Number	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship

**Section 4: TRUST INFORMATION** Complete this section only if you are naming a Trust as your beneficiary.

Official Name of Trust	Tax ID Number
Contact Person for Trust	Telephone Number of Contact

Please note that only a lump sum death benefit can be paid to a trust. If your survivor or beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a trust.

Member's Signature (required only if you are naming a trust)	Date (mm/dd/yyyy)
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**Section 5: SIGNATURE OF MEMBER'S SPOUSE/PARTNER**  
(Spousal Waiver) Only if 100% is not assigned to your spouse/registered domestic partner trust as your beneficiary.

I acknowledge and consent to this beneficiary designation. I further understand that if a beneficiary, other than myself has been named in Section 2 that I am waiving any survivor benefits to which I may become eligible to receive from CCCERA.

Name of Spouse/Registered Domestic Partner (please print) \_\_\_\_\_

Spouse/Registered Domestic Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be witnessed by a Notary Public (See Notary Form Below)**

**NOTARY FORM**

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_, (insert name and title of the officer) personally appeared \_\_\_\_\_ (spouse), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary's Signature (Required)	Date (mm/dd/yyyy)
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Notary Seal

Beneficiary information WILL NOT be accepted without your signature. If you are married or in a registered partnership, your spouse/partner's signature is required in (Section 5) as notification of your change of beneficiary designation. This new designation cancels all previous designations.

Member's Signature (Required)	Printed Name	Social Security Number	Date (mm/dd/yyyy)
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