

Beneficiary Designation Form



San Mateo County Employees' Retirement Association
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 Phone: (650) 599-1234 Toll Free: (800) 339-0761 **PONY: RET141**
 Web: www.SamCERA.org Email: SamCERA@SamCERA.org

This form cancels and replaces all prior designations on file. You must rewrite all your beneficiary designations below.

PART 1 - ENROLLMENT INFORMATION

New Change

Social Security Number	Employee ID	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred	
Last Name	First Name	Middle Name	
Date of Marriage	Day Time Phone ()	Evening Phone ()	
Address	City	State	Zip Code

PART 2 - DESIGNATION OF BENEFICIARY

You may name one person or any number of persons as your primary or contingent beneficiary.

- 1. Primary Beneficiary:** The person(s) or entity (ies) that would receive your benefit upon your death.
- 2. Contingent Beneficiary:** A contingent beneficiary is the person(s) or entity(ies) who would receive a benefit if all your primary beneficiaries predeceased you. (Lump sum payment only)
- 3. Alternate Contingent Beneficiary:** An alternate contingent beneficiary is the person(s) or entity(ies) who would receive a benefit if all your primary and all your contingent beneficiaries predeceased you.

Notice: SamCERA will not distribute benefits to person(s)/entity(ies) without Social Security Number or Tax Payer ID Numbers. (Lump sum payment only)

(Note: Total Primary Beneficiary(s) should equal 100% and Total Contingent(s) should also equal 100%)

Primary

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Primary **Contingent** **Alternate Contingent**

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Primary **Contingent** **Alternate Contingent**

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Primary Contingent Alternate Contingent

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Primary Contingent Alternate Contingent

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer Identification Number	
Home/Mailing Address	Daytime Phone Number ()	
City	State	Zip Code

Trust or Charity
(Lump sum payment only)

Primary Contingent Alternate Contingent

If you name more than one beneficiary please include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%

<input type="checkbox"/> TRUST <input type="checkbox"/> CHARITY (Please attach a copy of your Trust documents.)	Name of Trust Administrator or Charity Contact:	% of Benefit:
For Charity, Federal Tax Identification Number:	Address of Trust Administrator or Charity:	Telephone Number:

Must complete the section below

Status: (Check all that apply)

- I am single.
- I am married.
- I have a domestic partner registered with the California Secretary of State.
- I am widowed.
- I am legally separated or have a dissolution of marriage or a termination of domestic partnership pending.
- During my membership with *SamCERA*, I have had ____ spouse(s) and or ____ registered domestic partners.

PART 3 - SWORN STATEMENT

I hereby designate the person(s) and/or entities entered in the Beneficiary Information section of this form as beneficiary to my retirement account. I understand that this election revokes any previous beneficiary designation. I declare under penalty of perjury that the information on this form is true and correct.

Member Signature

Date

NOTIFICATION OF SPOUSE/DOMESTIC PARTNER **(Must be signed by member's spouse/domestic partner)**
California Government Code section §31760.3 requires that the current spouse/domestic partner be notified of the selection of benefits or change of beneficiary made by a member.

I, _____, acknowledge my spouse's/domestic partner's request for a selection or change in beneficiary designation.

Spouse's /Domestic Partner's Signature

Date