

# BENEFICIARY DESIGNATION FORM

Active, Deferred and  
Terminated Members

*SamCERA*

San Mateo County Employees' Retirement Association  
100 Marine Parkway, Suite 125 | Redwood City, CA 94065  
Phone: (650) 599-1234 | Toll-Free: (800) 339-0761  
Fax: (650) 591-1488 | PONY: RET 141  
Web: [www.samcera.org](http://www.samcera.org) | Email: [samcera@samcera.org](mailto:samcera@samcera.org)

## Instructions

**If you die before retirement**, your beneficiaries may be eligible for death and/or survivor benefits. So read this information carefully before designating your beneficiary(ies).

It is important that you complete this form and return it to SamCERA. You should designate individuals to be your primary and contingent beneficiaries. The same person cannot be both.

**Make sure you understand the difference between “Primary” and “Contingent” beneficiary designations.**

- **Primary Beneficiary:** The person(s) or entity(ies) who would receive your benefit upon your death. Depending upon when you die, your surviving spouse, registered domestic partner\* or minor children may be eligible to receive a monthly benefit. If you do not have a surviving spouse, registered domestic partner, or eligible minor child, any primary beneficiaries you name will receive a one-time lump sum benefit only.
- **Contingent Beneficiary:** The person(s) or entity(ies) who would receive a benefit only if all your primary beneficiaries die before you. *Contingent beneficiaries are eligible for a lump sum payment only.*

**You can list more than one person as a primary beneficiary and more than one person as a contingent beneficiary.** If you list more than one person in each of these categories, those individuals will share any benefit that is received. Because they will share the benefit, you must also indicate the percentage of the benefit that you would like each person to receive. The percentages within each designation must add up to 100%.

**If you have a spouse, registered domestic partner, or eligible minor child**, their rights and claims to receive a monthly allowance may be superior to and supersede the rights of any other named beneficiary.

**If you do not have a spouse, registered domestic partner, or eligible minor child, and you die before retirement**, any beneficiaries you name will receive a **one-time lump sum benefit only**. They will not be eligible to receive a monthly allowance.

**During your employment, it is important to keep your beneficiary designation current to reflect changes in your personal life.** For example, you may get married, divorced, or have children. As an active member, you may change your beneficiary designation until the date that you retire. After you retire, you may only change certain beneficiary designations for those persons who are to receive a lump sum payment.

**At retirement, you will complete a new beneficiary form** and the survivor benefits will be paid in accordance with what retirement option you elect.

\* Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. *(State requirements for domestic partnership are different than those for a County of San Mateo Affidavit of Domestic Partnership.)*

## Part 1 – Member Information

Is this a new enrollment or a change of beneficiary?       New     Change

*If you are making a change of beneficiary, this form cancels and replaces all prior applicable designations on file.*

Last Name		First Name		Middle Initial	
Social Security Number	Employee ID	Daytime Phone	Evening Phone		
Address		City	State	Zip	

**Status:** *(Check all boxes that apply)*

- I am single.
- I am widowed.  
     Did your spouse/partner die during your SamCERA membership?     Yes     No
- I am either legally separated, divorced or have terminated a registered domestic partnership.  
     Did this occur during you SamCERA membership?                       Yes     No
- I am married, or I am in a registered domestic partnership\*.  
     *You must provide the name of your spouse or registered domestic partner below.*
- I have been married or in a registered domestic partnership on more than one occasion.  
     During your SamCERA membership did you have a divorce, a termination of registered domestic partnership or did your spouse/partner die?     Yes     No

**If you answered Yes to any of the above questions, you must provide the name(s) of all current and former spouses and registered domestic partners\*. You must provide copies of any marriage or death certificates, or copies of applicable court orders for all the individuals listed below.**

Name of Spouse/Partner	Date of Marriage/ Partnership	Date of Divorce/ Termination of Partnership	Date of Death



**IMPORTANT: You must provide copies of any marriage or death certificates, or copies of applicable court orders!** SamCERA will not process this form without them.

Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. *(State requirements for domestic partnership are different than those for a County of San Mateo Affidavit of Domestic Partnership.)*

## Part 2 – Designation of Beneficiary

Name your **Primary Beneficiary(ies)** according to the instructions on the first page of this form.

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
<b>% of Benefit*</b>	Social Security Number/Taxpayer ID Number	Phone Number	
Address			
City		State	Zip

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
<b>% of Benefit*</b>	Social Security Number/Taxpayer ID Number	Phone Number	
Address			
City		State	Zip

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
<b>% of Benefit*</b>	Social Security Number/Taxpayer ID Number	Phone Number	
Address			
City		State	Zip

% of Benefit Total* <b>100%</b>
---------------------------------------

*\*Note: make sure that the numbers you have written in the “% of Benefit” boxes add up to 100%*

Name your **Contingent Beneficiary(ies)** according to the instructions on the first page of this form.

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
	% of Benefit*		Social Security Number/Taxpayer ID Number
Address			
City		State	Zip

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
	% of Benefit*		Social Security Number/Taxpayer ID Number
Address			
City		State	Zip

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
	% of Benefit*		Social Security Number/Taxpayer ID Number
Address			
City		State	Zip

% of Benefit Total* <b>100%</b>
------------------------------------

*\*Note: make sure that the numbers you have written in the “% of Benefit” boxes add up to 100%*

If you are naming a trust or charity as a beneficiary, complete the following section. *Trusts and charities are eligible for a lump sum payment only.*

Trust  Charity  *Please attach a copy of your trust documents.*

<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b>	Name of Trust Administrator or Charity Contact	Relationship	Date of Birth
	% of Benefit*		Federal Tax ID Number (for Charity)
Address			
City		State	Zip

**Part 3 – Sworn Statement**

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

Member Signature ( <i>print this form and sign</i> )	Date
--	------

**Notification of Spouse/Registered Domestic Partner\***

*This section must be signed by member’s spouse/registered domestic partner.*

California Government Code section §31760.3 requires that the current spouse/registered domestic partner be notified of the selection of benefits or change of beneficiary made by a member.

I, \_\_\_\_\_, acknowledge my spouse’s/registered domestic partner’s request for a selection or change in beneficiary designation.

Spouse or Registered Domestic Partner Signature ( <i>print this form and sign</i> )	Date
---	------

\*Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State.