



Instructions

As a retired member, you may only change beneficiary designations for those persons who are eligible to receive a lump sum payment. You **cannot** change the primary beneficiary designated at retirement to receive a continuance of your monthly benefit. Depending on the specific provisions of the retirement option you chose at retirement, you may not be able to change your primary beneficiary designation. If during retirement, you have gotten a divorce or terminated a registered domestic partnership*, contact SamCERA for instructions regarding changing your beneficiary.

Information regarding the retirement options and changing a beneficiary can be found on our website www.samcera.org, or call us at: (650) 599-1234, or Toll-Free: (800) 339-0761. Before completing this form:

- Make sure you understand the specific provisions of the retirement option you chose at retirement.
- Make sure you understand that changing your beneficiary designation may affect the amount of money your beneficiary(ies) receive when you die.
- 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. As a retired member, you can only change your primary beneficiary if you selected an option that provides your primary beneficiary with a one-time lump sum payment. You cannot change your primary beneficiary if you selected an option that provides for a monthly continuance.
 - **Contingent Beneficiary:** The person(s) or entity(ies) who would receive a benefit only if all your primary beneficiaries die before you. Contingent beneficiaries can be changed because they are eligible for a lump sum payment only.

If you listed more than one person in either of these beneficiary categories, remember to relist all of the beneficiaries that you are designating in each beneficiary category that you are changing. Because all beneficiaries listed in each category will share the benefit, you must indicate the percentage of the benefit that you would like each person to receive. The percentages within each designation must add up to 100%. After SamCERA reviews your completed form and verifies your retirement option, your beneficiary designation will be changed.

If you have a spouse, registered domestic partner, or eligible minor child and you do not list them as beneficiaries, their rights may be superior to and supersede the rights of any other beneficiary.

* 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.*)

Member Information

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

Status: *(Check all boxes that apply)*

- Since my retirement, I have married or entered into a registered domestic partnership.
- Since my retirement, I have divorced, legally separated or terminated a domestic partnership.
- Since my retirement, my spouse/partner has died.
- Since my retirement, my marital status has not changed.

If you checked any of the first three boxes above, you must provide the name(s) of all current and former spouses and registered domestic partners*. You must provide certified 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 certified 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.)*

Change of Beneficiary For Retirees

If you would like to change your **Primary Beneficiary(ies)**, be sure to read the information on www.samcera.org, or call SamCERA to find out if you can make the change. **You can only change primary beneficiaries who are eligible to receive a one-time lump sum payment consisting of the balance if any of your accumulated contributions and interest.** If approved by SamCERA, this portion of the form will cancel and replace all prior primary beneficiary designations on file.

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

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

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

% of Benefit Total* <b style="font-size: 1.2em;">100%

**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. The persons listed below will only be eligible to receive a one-time lump sum payment consisting of the balance if any of your accumulated contributions and interest if all of your primary beneficiaries are dead. If approved by SamCERA, this portion of the form will cancel and replace all prior contingent beneficiary designations on file.

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

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

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

% of Benefit Total*
100%

**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. This will replace the applicable prior designation that is on file.*

Trust Charity Please attach a copy of your trust documents.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name of Trust or Charity	Federal Tax ID Number (for Charity)	
	% of Benefit*	Name of Trust Administrator or Charity Contact	Phone Number
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 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. (*State requirements for domestic partnership are different than those for a County of San Mateo Affidavit of Domestic Partnership.*)