



## Instructions

**As a retired member, you may only change beneficiary designations for those persons who are eligible to receive a one-time 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](http://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. An entity can receive a lump sum payment only. 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 one-time lump sum payment if all your primary beneficiaries die before you. Contingent beneficiaries can be changed because they are only eligible for a one-time lump sum payment *of any remaining contributions and interest in your account*.

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. **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 or payment that is issued. Because they will share the benefit/payment, you must also indicate the percentage that you would like each person to receive. The percentages within each designation must add up to 100%.

**Note:** The information provided on this form will replace the current designations that you have on file in your account. If any of the beneficiary categories are left blank, your account will be updated to remove any existing beneficiaries in that category.

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. (A County of San Mateo Affidavit of Domestic Partnership does not qualify.)

## 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. (A County of San Mateo Affidavit of Domestic Partnership does not qualify.)

## 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](http://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.

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

<b>Primary Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

% of Lump Sum Payment Total* <b>100%</b>	
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*\*Note: make sure that the numbers you have written in the “% of Lump Sum Payment” 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 die before you. If approved by SamCERA, this portion of the form will cancel and replace all prior contingent beneficiary designations on file.

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

<b>Contingent Beneficiary</b>	Beneficiary Name	Relationship	Date of Birth
Gender F <input type="checkbox"/> M <input type="checkbox"/>	Social Security Number/Taxpayer ID Number	Phone Number	
% of Lump Sum Payment*	Address		
	City	State	Zip

% of Lump Sum Payment Total* <b>100%</b>
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*\*Note: make sure that the numbers you have written in the “% of Lump Sum Payment” 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 one-time 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"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b>	Name of Trust or Charity		Federal Tax ID Number (for Charity)	
	Name of Trust Administrator or Charity Contact		Phone Number	
% of Lump Sum Payment*	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
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### 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
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\* Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. (*A County of San Mateo Affidavit of Domestic Partnership does not qualify.*)