



BENEFICIARY DESIGNATION - DEFERRED MEMBERS

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102
www.scretire.com

This form is used to designate your beneficiary(ies) for any retirement benefits payable in the event of your death. You may designate as primary and/or alternate beneficiary(ies) any person, persons or estate. The primary beneficiary(ies), if living, will receive the benefits. If the primary beneficiary(ies) is deceased the alternate beneficiary(ies) will receive the benefits. If you name more than one primary or alternate beneficiary and any of them predecease you, please be sure to update your designation. If you do not submit a new designation, SCERA will pay out benefits according to the percent listed with the portion attributable to the deceased beneficiary being split evenly between the remaining persons.

This form must be typed or completed in black or blue ink. To correct a clerical error, line through the incorrect information and initial the change. Forms will be returned if changes are made using "white-out." Changes to beneficiary, estate, trust, or charity names are not considered clerical; if you make an error to either of these areas a new form must be completed.

| | | | |
|--|-----------|------------|-------------|
| MEMBER INFORMATION: | | | |
| Social Security Number (last 4) ***_**_ | Last Name | First Name | Middle Name |

If you are changing your beneficiary due to a dissolution of marriage or California state registered domestic partnership, you must also submit a copy of your Dissolution and Settlement Agreement to show whether your ex-spouse/ex-registered domestic partner has any claim on your retirement benefits.

Pursuant to the provisions of California's County Employees' Retirement Law of 1937, **I hereby revoke any existing beneficiary(ies) designations and designate the following as my beneficiary(ies)** for applicable SCERA death benefits, effective as of the date this form is signed:

| | | | |
|--|-----------|---------------|--------------|
| PRIMARY BENEFICIARY: I hereby designate the following individual(s) as my Primary Beneficiary(ies) to receive the balance of my accumulated contributions: If you name more than one Primary Beneficiary, check the box and list the additional required information on page 2 of this form. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. <input type="checkbox"/> Page 2 | | | |
| Social Security Number | Last Name | First Name | Middle Name |
| Relationship | Gender | Date of Birth | % of Benefit |
| ALTERNATE BENEFICIARY: If my Primary Beneficiary(ies) dies before me, I hereby designate the following individual(s) as my Alternate Beneficiary(ies) to receive the balance of my accumulated contributions, if applicable: If you name more than one Alternate Beneficiary, check the box and list the additional required information on page 2 of this form. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. <input type="checkbox"/> Page 2 | | | |
| Social Security Number | Last Name | First Name | Middle Name |
| Relationship | Gender | Date of Birth | % of Benefit |

- My **PRIMARY** Beneficiary(ies) is an **Estate, Trust or Charity** (see the back side of this form for information).
- My **ALTERNATE** Beneficiary(ies) is an **Estate, Trust or Charity** (see the back side of this form for information).

SWORN STATEMENT

I swear under penalty of perjury that the information on this form is true and correct.

| | |
|--|------|
| Status: <input type="checkbox"/> I am married; date of marriage _____ (Check all <input type="checkbox"/> I am not married. that apply) <input type="checkbox"/> I have a domestic partner registered with the California Secretary of State; date of registration _____ <input type="checkbox"/> I am legally separated or have a dissolution of marriage or domestic partnership pending. | Date |
| Member Signature (<i>Signature must be witnessed on same date.</i>) | Date |
| Witness Signature (<i>Must be 18 years or older and not a beneficiary.</i>) | Date |

| | | |
|----------------------------|------------|-------------|
| MEMBER INFORMATION: | | |
| Last Name | First Name | Middle Name |

DESIGNATION OF MULTIPLE SCERA BENEFICIARIES

| | | | |
|---|-----------|---------------|--------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Alternate | | | |
| Social Security Number | Last Name | First Name | Middle Name |
| Relationship | Gender | Date of Birth | % of Benefit |

| | | | |
|---|-----------|---------------|--------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Alternate | | | |
| Social Security Number | Last Name | First Name | Middle Name |
| Relationship | Gender | Date of Birth | % of Benefit |

| | | | |
|---|-----------|---------------|--------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> Alternate | | | |
| Social Security Number | Last Name | First Name | Middle Name |
| Relationship | Gender | Date of Birth | % of Benefit |

ESTATE, TRUST OR CHARITY

By California statute, you may nominate an estate, trust or charity as your beneficiary. **HOWEVER, estates, trusts of any design or legal designation, or charities will only receive lump-sum distributions of your contributions. Estates, trusts and charities are NOT eligible for any continuing benefit.**

| | | |
|--|---|------------------|
| PRIMARY BENEFICIARY: I hereby designate the following entity as my Primary Beneficiary: If you name more than one Primary Beneficiary, check the box and list the additional required information on a separate piece of paper. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. <input type="checkbox"/> | | |
| <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST <input type="checkbox"/> CHARITY | Name of Estate, Trust or Charity | % of Benefit |
| <i>Federal Tax ID Number (required)</i> | Name of Estate Executor, Trust Administrator or Charity Contact | Telephone Number |

| | | |
|--|---|------------------|
| ALTERNATE BENEFICIARY: I hereby designate the following entity as my Alternate Beneficiary: If you name more than one Alternate Beneficiary, check the box and list the additional required information on a separate piece of paper. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. <input type="checkbox"/> | | |
| <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST <input type="checkbox"/> CHARITY | Name of Estate, Trust or Charity | % of Benefit |
| <i>Federal Tax ID Number (required)</i> | Name of Estate Executor, Trust Administrator or Charity Contact | Telephone Number |