



# 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.org

This form is used to designate your primary beneficiary(ies) for any retirement benefits payable in the event of your death. You may designate as primary beneficiary(ies) any person, persons or estate. The primary beneficiary(ies), if living, will receive the benefits. If you name more than one primary 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 Name	First Name	Middle Name

If you are changing your beneficiary due to a dissolution of marriage or state registered domestic partnership, you must also submit a copy of your Dissolution and Settlement Agreement to show whether your ex-spouse/ex-state 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:

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

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 three Primary Beneficiaries, 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
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit

### SWORN STATEMENT

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

<b>Status:</b> (Check <b>all</b> that apply)	<input type="checkbox"/> I am married; date of marriage _____ <input type="checkbox"/> I am not married. <input type="checkbox"/> I have a state registered domestic partnership; date of registration _____ <input type="checkbox"/> I am legally separated or have a pending dissolution of marriage/domestic partnership.
Member Signature	Date

<b>MEMBER INFORMATION:</b>		
Last Name	First Name	Middle Name

**DESIGNATION OF MULTIPLE PRIMARY BENEFICIARIES**

Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit

**ESTATE, TRUST OR CHARITY**

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

<b>PRIMARY BENEFICIARY: I hereby designate the following entity as my Primary Beneficiary:</b>		
If you name more than two Primary Beneficiaries, 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"/> <b>ESTATE</b> <input type="checkbox"/> <b>TRUST</b> <input type="checkbox"/> <b>CHARITY</b>	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
<input type="checkbox"/> <b>ESTATE</b> <input type="checkbox"/> <b>TRUST</b> <input type="checkbox"/> <b>CHARITY</b>	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