

SDCERA

Strength. Service. Commitment.

Beneficiary Designation form

For All Members

**Beneficiary Designation form
Explanation and Instructions**

It is important to keep your beneficiary designation current. In the event of your death, it will simplify the payment process for your beneficiaries. Trusts named as beneficiaries may not receive a monthly continuance; however, a lump sum death benefit payable to retirees may be named to a Trust.

EXPLANATIONS OF BENEFITS FOR BENEFICIARIES

At retirement, the **Unmodified benefit option** provides a continuance to your surviving spouse/registered domestic partner if you were married or in a registered domestic partnership at least one year prior to your date of retirement whether or not your spouse/partner is named as your beneficiary. An eligible spouse/registered domestic partner is also someone you were married/registered to for at least two years prior to your date of death and who is at least age 55 on the date of your death. If you are unmarried, or not in a registered domestic partnership, the continuance will be paid to your eligible minor children who are unmarried and under age 18 or under age 22 if enrolled as full-time students in an accredited

college. This option does not provide benefits for any other named beneficiary after retirement.

At retirement, if you choose the **Option 2, 3 or 4 benefit option**, you may not change your primary beneficiary after retirement, even if your named beneficiary predeceases you.

A one-time, lump-sum \$3,500 death benefit will be paid to the beneficiary you name to receive this benefit, as long as your last active duty was with the County of San Diego. If no one is named to receive this benefit, your primary beneficiary will receive it, or the next beneficiary in priority order. By default, this benefit will be paid to your estate.

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

SECTION 2: BENEFICIARIES

Each person you name must be designated either primary or contingent and have a percent assigned. The primary or contingent designation indicates the order in which beneficiaries are eligible to receive benefits. Contingent beneficiaries are only paid benefits if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add to 100%. Percentages for contingent beneficiaries must add to 100%. See the examples provided.

If you are married or in a registered domestic partnership, your spouse/partner may have superior rights over any other person you name as a beneficiary. Remember, some beneficiaries may not be eligible to receive certain monthly continuances or benefits. Refer to the SDCERA *Survivor and Beneficiary Information* booklet for specific details. If your beneficiaries are not living at the time of your death, or if you do not have an SDCERA beneficiary designation at the time of your death, eligible benefits will be paid to your estate. The following examples may help you complete Section 2:

Example 1: Married/partnership with three children:

Primary	spouse / partner		100%
Contingent	son	<i>SHARING</i>	34%
Contingent	daughter	<i>BENEFITS</i>	33%
Contingent	son		33%
			} 100%

Example 2: Unmarried/no partnership with three children:

Primary	son	<i>SHARING</i>	34%
Primary	daughter	<i>BENEFITS</i>	33%
Primary	son		33%
			} 100%

SECTION 3: TRUST INFORMATION

Complete this section if you are naming a Trust as your beneficiary. Use the language your attorney has given you when naming the Trust and include the tax identification number, if applicable. Also include the contact person's name and phone number (other than yourself) for your Trust. Remember, if your beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a Trust. Refer to the SDCERA *Survivor and Beneficiary Information* booklet for specific details.

SECTION 4: RETIREE LUMP SUM DEATH BENEFIT

If your last active duty was with the County of San Diego, the beneficiary(ies) you name in this section will receive a one-time, lump-sum \$3,500 death benefit. If this section is left blank, your beneficiary(ies) named in Section 2 will receive this payment, if eligible.

SECTION 5: REQUIRED SIGNATURES

California Government Code section 31760.3 requires that notice be given to your current spouse/registered domestic partner (if you are married or in a registered domestic partnership) whenever you designate a beneficiary. This section of the law also requires a spouse's/registered domestic partner's signature on a beneficiary designation, unless you declare in writing under penalty of perjury the reason why a spouse's/registered domestic partner's signature

is not included. Therefore, you must sign in this section and if you are married or in a registered domestic partnership, your spouse/partner must also sign in this section. If you are not married or in a registered domestic partnership (or if a spouse's/partner's signature is not included) you must check the applicable box and sign under the member's statement in this section.

Beneficiary Designation form

Upon your death, eligible beneficiaries may receive benefits from SDCERA. Refer to the SDCERA *Survivor and Beneficiary Information* booklet for specific information. If you are married or are in a registered domestic partnership, your spouse/partner may have superior rights to payment over any other beneficiary you name. The designation of a spouse/partner is automatically canceled by a dissolution of marriage or termination of domestic partnership. If you are divorced or terminated a registered domestic partnership, be certain your beneficiary designation complies with the terms of your marital/partnership settlement agreement. Contingent beneficiaries are paid benefits only if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add to 100%. Percentages for contingent beneficiaries must also add to 100%.

Please check one: **ACTIVE** **DEFERRED / INACTIVE** **RETIRED**

<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number
	Street address			
Birth date / /	City	State	ZIP	Daytime telephone number ()

SECTION 2: BENEFICIARY INFORMATION *See attached instructions before completing this section.
Attach an additional page if you designate more than four beneficiaries.*

PRIMARY	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number
Percent (%)	Birth date / /	Street address			
	Relationship	City	State	ZIP	Daytime telephone number ()
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number
Percent (%)	Birth date / /	Street address			
	Relationship	City	State	ZIP	Daytime telephone number ()
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number
Percent (%)	Birth date / /	Street address			
	Relationship	City	State	ZIP	Daytime telephone number ()
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number
Percent (%)	Birth date / /	Street address			
	Relationship	City	State	ZIP	Daytime telephone number ()

SECTION 3: TRUST INFORMATION *Complete this section if you are naming a Trust as your beneficiary. See attached instructions.*

<input type="radio"/> Primary <input type="radio"/> Contingent	Percent (%)	Official name of Trust
Contact person for Trust		Telephone number of contact ()

SECTION 4: LUMP SUM DEATH BENEFIT FOR RETIRED MEMBERS ONLY <i>See attached instructions.</i>						
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number	
Percent (%)	Birth date / /	Street address				
	Relationship	City	State	ZIP	Daytime telephone number ()	
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number	
Percent (%)	Birth date / /	Street address				
	Relationship	City	State	ZIP	Daytime telephone number ()	
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number	
Percent (%)	Birth date / /	Street address				
	Relationship	City	State	ZIP	Daytime telephone number ()	
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="radio"/> Male <input type="radio"/> Female	First name	MI	Last name	Social Security number	
Percent (%)	Birth date / /	Street address				
	Relationship	City	State	ZIP	Daytime telephone number ()	

SECTION 5: REQUIRED SIGNATURE(S)
Beneficiary information will not be accepted without the required signatures. If you are married or in a registered domestic partnership, your spouse/partner must sign below as notification of your change of beneficiary designation. If no spouse/registered domestic partner is provided, you must complete and sign the bottom box. This new designation cancels all previous designations. Your signature certifies that the information you have provided on this form is correct and authorizes SDCERA to update your record.

Member's signature required	Date
Spouse's/registered domestic partner's signature I acknowledge and consent to this beneficiary designation. I further understand that if a primary beneficiary other than me has been named in Section 2 that I am waiving any survivor benefits to which I may become eligible to receive from SDCERA.	Date
Member's statement (necessary only if spouse's/registered domestic partner's signature is not included or applicable) I declare under penalty of perjury that a spouse's signature is not included for the following reason: <input type="radio"/> I am not married or in a registered domestic partnership. <input type="radio"/> My current spouse/registered domestic partner has no identifiable community property interest in the benefit. <input type="radio"/> My current spouse/registered domestic partner has been advised of the change of beneficiary designation and has refused to sign the new designation. <input type="radio"/> I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse/registered domestic partner. <input type="radio"/> My current spouse/registered domestic partner is incapable of executing the acknowledgement because of incapacitating mental or physical conditions. <input type="radio"/> My current spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement pursuant to Part 5 (commencing with Section 1500) of the Family Code, which makes the community property law inapplicable to the marriage/registered domestic partnership.	
Member's signature	Date