

SDCERA

*Strength. Service. Commitment.*

# Beneficiary Designation form

For All Members

**Beneficiary Designation form  
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. Refer to the SDCERA *Survivor and Beneficiary Information* booklet for details about benefits available to beneficiaries.

**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 generally has superior rights over other named beneficiaries. Beneficiary designations are subject to revision by court order. Remember, some beneficiaries may not be eligible to receive certain monthly continuances or benefits. 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	SHARING	34%
Contingent	daughter	BENEFITS	33%
Contingent	son		33%
			} 100%

**Example 2:** Unmarried/no partnership with three children:

Primary	son	SHARING	34%
Primary	daughter	BENEFITS	33%
Primary	son		33%
			} 100%

- **Percentages for primary beneficiaries must add to 100%.**
- **Percentages for contingent beneficiaries must also add to 100%.**
- **Percentages must be in whole numbers; do not use fractions or decimals.**

**SECTION 3: TRUST INFORMATION**

Complete this section if you are naming a trust as your beneficiary. You must submit a copy of the trust or a list of all of the beneficiaries of the trust with this designation. Use the language your attorney has given you when naming the trust and include the tax identification number, if applicable. Also include the successor trustee’s name and phone number. Remember, if your beneficiary is eligible for a monthly continuance upon your death, that continuance cannot be paid to a trust.

**SECTION 4: RETIREE LUMP-SUM DEATH BENEFIT**

If your last active duty was with the County of San Diego (or other participating employer), 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. If you name a trust as the beneficiary for this benefit, you must submit a copy of the trust or a list of all of the beneficiaries of the trust with this designation.

**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. In addition to your signature in Box A, if you are married or in a registered domestic partnership, your spouse/partner must also sign in Box B. 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 again under the member’s statement in Box C.

## 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 in a registered domestic partnership, your spouse/partner generally has superior rights over other named beneficiaries. Beneficiary designations are subject to revision by court order. 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.

**SECTION 1: MEMBER INFORMATION** *Please check one:*  **ACTIVE**  **DEFERRED / INACTIVE**  **RETIRED**

First name	MI	Last name	Social Security number
Street address			
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.*

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

**SECTION 3: TRUST INFORMATION** *Complete this section if you are naming a trust as your beneficiary. You must submit a copy of the trust or a list of all of the beneficiaries of the trust with this designation. See attached instructions.*

<input type="radio"/> <b>Primary</b> <input type="radio"/> <b>Contingent</b>	Official name of trust	Tax ID
Percent (%)	Contact person for trust (successor trustee)	Telephone number of contact ( )
Is the trust irrevocable, or will become irrevocable at your death?		<input type="radio"/> Yes <input type="radio"/> No
Is the trust valid under state law?		<input type="radio"/> Yes <input type="radio"/> No
Does the trust name identifiable beneficiaries?		<input type="radio"/> Yes <input type="radio"/> No
Identify state: .....		

**SECTION 4: LUMP-SUM DEATH BENEFIT FOR RETIRED MEMBERS ONLY**

See attached instructions. If you name a trust as the beneficiary for this benefit (in the section below) \*, you must submit a copy of the trust or a list of all of the beneficiaries of the trust with this designation.

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

**\*SECTION 4: TRUST AS BENEFICIARY FOR LUMP-SUM DEATH BENEFIT**

<input type="radio"/> Primary <input type="radio"/> Contingent	Official name of trust	Tax ID
Percent (%)	Contact person for trust (successor trustee)	Telephone number of contact ( )

Is the trust irrevocable, or will become irrevocable at your death?       Yes       No  
 Is the trust valid under state law?       Yes       No      Identify state: .....  
 Does the trust name identifiable beneficiaries?       Yes       No

**SECTION 5: REQUIRED SIGNATURES**

*Two signatures required.*

Beneficiary information will not be accepted without the required signatures. You must certify your designation with your signature in Box A. If you are married or in a registered domestic partnership, your spouse/partner must sign in Box B below as notification of your change of beneficiary designation. You must complete and sign Box C, unless a spouse/registered domestic partner is provided in Box B. This new designation cancels all previous designations. Your signatures certify that the information you have provided on this form is correct and authorizes SDCERA to update your record.

**A** Member's signature required **X** ..... Date .....

**B** 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, I am waiving any survivor benefits to which I may become eligible to receive from SDCERA.

Spouse's/registered domestic partner's signature **X** ..... Date .....

**C** Member's statement (necessary only if Box B is unsigned)  
 I declare under penalty of perjury that a spouse's/registered domestic partner's signature is not included for the following reason:

- I am not married or in a registered domestic partnership.
- My current spouse/registered domestic partner has no identifiable community property interest in the benefit.
- My current spouse/registered domestic partner has been advised of the change of beneficiary designation and has refused to sign the new designation.
- I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse/registered domestic partner.
- My current spouse/registered domestic partner is incapable of executing the acknowledgement because of incapacitating mental or physical conditions.
- 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 **X** ..... Date .....