



ACTIVE OR DEFERRED MEMBER BENEFICIARY DESIGNATION FORM

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000, Oakland, CA 94612-1900
Telephone (510) 628-3000 Facsimile (510) 268-9574

Please Print or Type

Name: Social Security Number

Address:

Birthdate: Phone Number: ( )

Sex: Male Female Marital Status: Single Married Divorced

Any Other Name Used: No Yes If yes, please list name:

As an active or deferred ACERA member, you have certain benefits that will be paid at the time of your death. The basic death benefit for a member who dies before retirement consists of:

- A refund of accumulated contributions plus interest; and
(For active, but not for deferred, members) one month's salary for each completed year of service (to a maximum of six months' salary).

This form will void and replace any prior nomination of beneficiaries for this benefit.

You should be aware that, under certain circumstances, state law allows a surviving spouse, or the legally-appointed guardian of a surviving child, of an active (but not a deferred) member to elect other benefits that will replace payment of the basic death benefit to your named beneficiaries.

IF ARE YOU NAMING A MINOR, READ THIS: If a beneficiary is a minor and you wish to name an adult to receive and manage payments for the minor without court appointment or court supervision until an age you choose, use this format to name the beneficiary: [Name of adult] as custodian for [Name of minor] until age [choose a number at least 18 but not more than 25] under the California Uniform Transfers to Minors Act. Use the adult's address and telephone number and the minor's date of birth, social security number, and relationship. Alternatively, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required and all funds will be distributed to the beneficiary at age 18.

NOTE: Unless you provide otherwise, by naming more than one primary or contingent beneficiary you are directing payment in equal shares to the named beneficiaries who survive you.

PRIMARY BENEFICIARIES

Name Date of Birth
Address Social Security No.
City, State, Zip Code Relationship
Telephone Number ( )

Name Date of Birth
Address Social Security No.
City, State, Zip Code Relationship
Telephone Number ( )

If no primary beneficiary survives you, we will pay these benefits to the contingent beneficiaries named below.

CONTINGENT BENEFICIARIES

Name Date of Birth
Address Social Security No.
City, State, Zip Code Relationship
Telephone Number ( )

Name Date of Birth
Address Social Security No.
City, State, Zip Code Relationship
Telephone Number ( )

NOTE: YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

Please sign below:

I hereby confirm the beneficiary designations shown on the front side of this form.

Required Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Either Section A or Section B below must also be completed and signed or the form will be rejected and returned.**

**SPOUSAL OR DOMESTIC PARTNER ACKNOWLEDGMENT: One of the following two sections must be completed**

**SECTION A: Signature of Member's Spouse or Domestic Partner**

I am the spouse or domestic partner of the member who is submitting this designation of beneficiaries. By signing below, I hereby acknowledge that I am informed about this designation of beneficiaries.

Name of Spouse or Domestic Partner; please print: \_\_\_\_\_

Spouse's or Domestic Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: Declaration of Reason for Absence of Spouse's or Domestic Partner's Signature**

I declare under penalty of perjury under the laws of the State of California that:

- I am not married or registered with the Secretary of State under a domestic partnership.
- My current spouse or domestic partner has no identifiable community property interest in any ACERA benefits earned through my employment.
- I do not know, and have taken reasonable steps to determine, the whereabouts of my current spouse or domestic partner.
- My current spouse or domestic partner has been advised of this designation of beneficiaries and has refused to sign the written acknowledgment.
- My current spouse or domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement pursuant to California Family Code §§1500-1620 that makes the community property law inapplicable to our marriage or domestic partnership.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_