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APPLICATION FOR SERVICE RETIREMENT

SECTION I: GENERAL INFORMATION - PLEASE TYPE OR PRINT

Name: _____ Date of Birth: _____ Social Security Number _____-_____-_____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone No. (____) _____ Department: _____ Dept. No. _____

Work Phone No. (____) _____ Position: _____ Item No.: _____

Marital Status: Married Divorced Single Widowed Spouse: _____

Social Security Number _____-_____-_____ Date of Birth: _____ Date of Marriage: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Dependent: _____ Date of Birth: _____ Dependent: _____ Date of Birth: _____

Dependent: _____ Date of Birth: _____ Dependent: _____ Date of Birth: _____

My last day on the job will be _____, and my first day in retirement will be _____

I estimate my total service credit to be _____

SECTION II: DEDUCTIONS

I elect to enroll my spouse and eligible dependents in my health plan. My health plan is _____

I waive medical benefits

I elect to be a retiree member of: ACRE REAC Local 250

I authorize deductions from my monthly retirement allowance for the following items:

Health Insurance Retiree Association Dues Federal Income Tax (Attach W-4) State Income Tax (Attach DE 4P)

Credit Union Life Insurance (not all policies are eligible) Delta Dental Plan

SECTION III: AUTOMATIC BANK DEPOSIT AUTHORIZATION - DIRECT DEPOSIT

**Note: As of July 1, 2008, direct deposit is mandatory.*

I hereby authorize automatic monthly deposits by electronics fund transfer to the Financial Institution indicated below:

Bank Name: _____ Checking Account Savings Account

Address: _____

PROVIDE VOIDED CHECK

ACCOUNT NO.: _____ ABA ROUTING NUMBER:

SECTION IV, PART A: Beneficiary for Continued Monthly Payments (Continuance) If Any

In this part, you are naming a beneficiary for continued monthly payments (continuance), if any.

Name: _____ Date of Birth: _____
Address: _____ Social Security No.: _____ - _____ - _____
City, State, Zip Code: _____ Relationship: _____
Telephone Number: (____) _____ Email Address: _____

Only Option 4 allows for more than one continuance beneficiary. If you are electing Option 4 and wish to name additional beneficiaries, check this box and provide the information listed above on additional sheets, titled "Part A Additional Beneficiaries."

SECTION IV, PART B: Beneficiary for Lump-Sum Benefits

As an ACERA retiree, you will have certain benefits that will be paid at the time of your death. In this part, you are naming beneficiaries for all lump-sum benefits, including but not limited to the following:

- 1. Five thousand dollar (\$5,000) death benefit;
- 2. Retirement allowance, if any, earned but not yet paid to you at the time of your death;
- 3. Refund of excess contributions if, when all monthly retirement payments have been made, the total payments made by ACERA are less than your total contributions and interest; and
- 4. Refund of any prepaid health insurance premiums for dependents not yet applied at the time of your death.

NOTE: To name different beneficiaries for different benefits, use a separate form to be provided by ACERA for that purpose.

PRIMARY BENEFICIARY

Name: _____ Date of Birth: _____
Address: _____ Social Security No.: _____ - _____ - _____
City, State, Zip Code: _____ Relationship: _____
Telephone Number (____): _____ Email Address: _____

Name: _____ Date of Birth: _____
Address: _____ Social Security No.: _____ - _____ - _____
City, State, Zip Code: _____ Relationship: _____
Telephone Number (____): _____ Email Address: _____

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

CONTINGENT BENEFICIARY

Name: _____ Date of Birth: _____
Address: _____ Social Security No.: _____ - _____ - _____
City, State, Zip Code: _____ Relationship: _____
Telephone Number (____): _____ Email Address: _____

Name: _____ Date of Birth: _____
Address: _____ Social Security No.: _____ - _____ - _____
City, State, Zip Code: _____ Relationship: _____
Telephone Number (____): _____ Email Address: _____

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.

SECTION IV, PART C: Signature of Member's Spouse or Domestic Partner

I am the spouse or state registered domestic partner of the ACERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be "consent," "waiver," or "a transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or state registered domestic partner.*

Name of Spouse or State Registered Domestic Partner; please print: _____

Spouse's or State Registered Domestic Partner's Signature: _____ Date: _____

* See California Probate Code Sec 140, et. seq. ; California Probate Code Sec 5021, et. seq; California Family Code Sec. 850, et. seq.

SECTION IV, PART D: 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: _____

SECTION V: SIGNATURE

In accordance with the County Employees Retirement Law of 1937, I hereby apply for retirement from active service. I understand that any changes in the above elections cannot be effective until received by ACERA in writing.

I hereby confirm the beneficiary designations shown on this form. I hereby grant and authorize ACERA to reduce the death benefit payable to my designated beneficiaries by any and all amounts owed to ACERA upon my death.

Member's Signature: _____ Date: _____

Revised: 04/20/09