



MEMBER ENROLLMENT QUESTIONNAIRE

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000
OAKLAND, CA 94612

(510) 628-3000
FAX (510) 268-9574

In compliance with the provisions of the County Employees' Retirement Act of 1937 as adopted by the Board of Supervisors of Alameda County on October 21, 1947, and becoming operative as of the 1st day of January, 1948, the following information is required. Please complete both sides of this questionnaire and return immediately to Alameda County Employees' Retirement Association, 475 14th Street, Suite 1000, Oakland, California 94612.

PART I – MEMBER INFORMATION (PLEASE PRINT)

Name: _____ Social Security Number: _____ - _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Birthdate: _____ Phone Number: _____ If Other Name Used, Please List: _____

PLEASE NOTE: A copy of a birth certificate or other such evidence of birth is required by the Retirement Board and must be furnished by the employee.

PART II – EMPLOYMENT INFORMATION

Employer: _____ Department: _____
Job Title: _____ Item/Class No: _____ Date of Employment: _____

- Were you ever previously employed by Alameda County? Yes* No
- Were you ever employed by any other County, City or Public Agency in California? Yes* No
- Were you ever employed by the State of California? Yes* No
- Were you ever a member of any other Public Retirement System? Yes* No
- Do you still have retirement funds on deposit with any other Public Retirement System? Yes** No

* If your answer is yes to any of the above questions, please provide information on all departments or agencies where you were previously employed, whether it was temporary or permanent employment, and any other names used:

** If you answered "yes" to leaving funds on deposit, an election letter will be sent to you explaining the benefits and requirements of establishing a reciprocal agreement with your previous employer's retirement plan. If eligibility requirements are met, you may elect reciprocity by indicating so on this letter and returning it to ACERA. The letter will be mailed to you from ACERA within 30 days of receipt of this form.

I HAVE RECEIVED A COPY OF THE ACERA MEMBER HANDBOOK: YES NO

I swear that the foregoing statements are true to the best of my knowledge and this questionnaire supersedes any previous one that might have heretofore been filed.

MEMBER SIGNATURE: _____ DATE: _____

PLEASE COMPLETE THE BENEFICIARY PORTION (PART IV) AS INDICATED ON THE OTHER SIDE OF THIS FORM.

PART III – EMPLOYER CERTIFICATION

STATE OF CALIFORNIA
COUNTY OF ALAMEDA

The employee, being duly sworn, deposes and says that the foregoing statements are true to the best of their knowledge and belief and this questionnaire supersedes any previous one that might have heretofore been filed.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Print Name: _____ Title: _____

Certifying Employer Signature: _____ Phone Number: _____

PART IV- ACTIVE MEMBER BENEFICIARY DESIGNATION

As an active ACERA member, you have certain benefits that will be paid at the time of your death. The basic death benefit for an active member who dies before retirement consists of (1) a refund of accumulated contributions plus interest, and (2) one month's salary for each completed year of service (to a maximum of six months' salary). You are being asked below to name beneficiaries for this basic death benefit. Note that under certain circumstances state law allows a surviving spouse or the legally-appointed guardian of a surviving child to elect other benefits that, if elected, will reduce or 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: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

Name: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

Name: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

IF NO PRIMARY BENEFICIARY SURVIVES YOU, WE WILL PAY THESE BENEFITS TO THE CONTINGENT BENEFICIARIES NAMED BELOW:

CONTINGENT BENEFICIARIES

Name: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

Name: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

Name: _____ Social Security No: _____
 Address: _____ Date of Birth: _____
 City, State, Zip Code: _____ Relationship: _____
 Telephone Number: _____ Percent of Benefit: _____

If more space is needed, please attach a separate sheet of paper

MEMBER SIGNATURE: _____ **DATE:** _____

FOR RETIREMENT USE ONLY

DATE OF BIRTH	ENTRY DATE	TRUE AGE	RATED AGE	RECIPROCITY	TIER	RETIREMENT DEDUCTION %	CALCULATED BY & DATE	VERIFIED BY & DATE