

SECTION V: BENEFICIARY DESIGNATIONS

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

1. Retirement allowance, if any, earned but not yet paid to you at the time of your death;
2. 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
3. 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.

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.

If you are 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 chose, 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 phone 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.

PRIMARY BENEFICIARY

Name: _____
 Address: _____
 City, State, Zip Code _____
 Telephone Number (____) _____

Date of Birth _____
 Social Security No. _____ - ____ - ____
 Relationship _____
 Email Address: _____

Name: _____
 Address: _____
 City, State, Zip Code _____
 Telephone Number (____) _____

Date of Birth _____
 Social Security No. _____ - ____ - ____
 Relationship _____
 Email Address: _____

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

CONTINGENT BENEFICIARY

Name: _____
 Address: _____
 City, State, Zip Code _____
 Telephone Number (____) _____

Date of Birth _____
 Social Security No. _____ - ____ - ____
 Relationship _____
 Email Address: _____

Name: _____
 Address: _____
 City, State, Zip Code _____
 Telephone Number (____) _____

Date of Birth _____
 Social Security No. _____ - ____ - ____
 Relationship _____
 Email Address: _____

SECTION VI: SIGNATURE

In accordance with the County Employees Retirement Law of 1937, I hereby apply for a retirement allowance. 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 beneficiary by any and all amounts owed to ACERA upon my death.

Non-Member's Signature: _____ Date: _____