



NON-MEMBER BENEFICIARY DESIGNATION FORM

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000, Oakland, CA 94612-1900
Telephone (510) 628-3000 or 1-800-838-1932 Fax (510) 268-9574

Website: www.acera.org

Section I - GENERAL INFORMATION - Please Print or Type

Name: Social Security Number:

Address: City: State: Zip Code:

Permanent Email Address:

Birth Date: Phone Number: ()

Sex: Male Female Marital Status: Single Married Divorced Widowed:

Name of Current Spouse/State-Registered Domestic Partner:

Social Security Number of Current Spouse/State-Registered Domestic Partner:

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

ACERA Member - Name of Ex-Spouse/Former State-Registered Domestic Partner:

ACERA Member - Social Security Number of Ex-Spouse/Former State-Registered Domestic Partner:

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

Note: Please complete section II OR III. Do not complete both sections.

- Section II is for active/deferred non-members, who have funds on deposit and are not receiving a monthly retirement allowance.
Section III is for retired non-members, who are currently receiving a monthly retirement allowance.

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.

SECTION II: ACTIVE/DEFERRED NON-MEMBER

As party to a Dissolution of Marriage, Termination of Domestic Partnership, or Legal Separation proceeding involving an ACERA member, you have certain benefits that may be paid to you at death. By completing and submitting this form, you are naming beneficiaries for the following benefits and revoking and replacing any prior nomination of beneficiaries for these benefits:

- All benefits ACERA may pay on death, including, but not limited to a refund of accumulated contributions plus interest.

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 _____
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 BENEFICIARIES:

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: _____

Please sign below:

I hereby confirm the beneficiary designations shown on the front side of this form. I understand this form is not effective (binding on ACERA) until it is received by ACERA in its office.

Required Non -Member's Signature: _____ **Date:** _____

SECTION III: RETIRED NON-MEMBER

As party to Dissolution of Marriage, Termination of Domestic Partnership or Legal Separation proceedings involving an ACERA member, beneficiaries designated here could be eligible to receive continued monthly payments after your death. By completing and submitting this form, you are naming beneficiaries for the following benefits and revoking and replacing any prior nomination of beneficiaries for all benefits ACERA may pay, including but not limited to:

1. Any community Property Share of the Retired Death Benefit;
2. Any retirement allowance earned but not yet paid to you at the time of death;
3. Refund of contributions if, when all monthly retirement payments have been made, the total payments made by ACERA are less than your total contributions and interest;
4. Refund of any prepaid health insurance premiums for dependents not yet applied at the time of your death.

To name different beneficiaries for different benefits, attach a separate Form to be provided by ACERA for that purpose.

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 _____
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: _____

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

CONTINGENT BENEFICIARIES:

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: _____

Please sign below:

I hereby confirm the beneficiary designations shown on of this form. I understand this form is not effective (binding on ACERA) until it is received by ACERA in its office.

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.

Required Non-Member's Signature: _____ **Date:** _____

*Equivalent to 31760.3(a)

Revised:05/20/2011

ACERA Use ONLY
Input by: _____ Date: _____
Verified by: _____ Date: _____