



**SURVIVOR CONTINUANCE RECIPIENT'S
DESIGNATION OF BENEFICIARIES**

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000, Oakland, CA 94612
Telephone: 510-628-3000 FAX (510) 268-9574 www.acera.org

Name: _____ Social Security No. _____

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

Telephone: (____) _____ Date of Birth: ____ / ____ / ____ Male ____ Female ____

I hereby name the following beneficiaries to receive any benefits payable at the time of my death, including but not limited to any allowance earned but not yet paid and any refund of prepaid health insurance premiums not yet applied:

PRIMARY BENEFICIARY

Name and Address: _____

Social Security No.: _____ Date of Birth: _____

Relationship: _____ Email Address: _____

_____ To name **additional** primary beneficiaries, check this line and attach their names, addresses, email addresses, social security numbers, and dates of birth on additional sheets and title them "Additional Primary Beneficiaries." Unless you provide otherwise, by naming more than one primary beneficiary, you are directing payment in equal shares to the named primary beneficiaries who survive you.

If no primary beneficiary survives you, we will pay these benefits to:

CONTINGENT BENEFICIARY

Name and Address: _____

Social Security No.: _____ Date of Birth: _____

Relationship: _____ Email Address: _____

_____ To name **additional** contingent beneficiaries, check this line and attach their names, addresses, email addresses, social security numbers, and dates of birth on additional sheets and title them "Additional Contingent Beneficiaries." Unless you provide otherwise, by naming more than one contingent beneficiary, you are directing payment in equal shares to the named contingent beneficiaries who survive you.

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.

Signature: _____ Date: _____