

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
SURVIVOR CONTINUANCE RECIPIENT'S
DESIGNATION OF BENEFICIARIES**

Name: _____ Social Security No. _____

Address: _____

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 _____

_____ To name additional primary beneficiaries, check this line and attach their names, 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 _____

_____ To name additional contingent beneficiaries, check this line and attach their names, 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.

Signature: _____ Date: _____