



ACERA Welcome Form

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Email: info@acera.org • Website: www.acera.org



SECTION 1

Information About You

Your Name (First Name, Middle Initial, Last Name)

Physical Home Address

City

State

ZIP

Birth Date (mm/dd/yyyy)

Home/Cell Phone

Work Phone

Personal Email Address (Not Work Email Address)

Please List Any Other Names Used

SECTION 2

Marital or Domestic Partnership Status

Current Marital, State-Registered Domestic Partnership¹, or Alameda County Domestic Partnership Status:

- Married or Partnered Divorced or Partnership Dissolved Single & Never Married or Partnered Spouse or Domestic Partner Deceased

Name of Current Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner

Date of Birth of Current Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner (mm/dd/yyyy)

¹ California-registered domestic partnership or a legal union of two persons formed in another jurisdiction that satisfies CA Family Code Section 299.2

Put your name and date at the top of every page.

Your Name (First Name, Middle Initial, Last Name) _____ Date (mm/dd/yyyy) _____

SECTION 3A

Name Your Beneficiary or Beneficiaries for ACERA Death Benefits

A beneficiary is a person you designate to receive your ACERA death benefits should you pass away. When naming beneficiaries below, provide as much information as you can, but don't worry if you don't have the social security number handy. At a minimum we need Name and Relationship to You.

More information about ACERA death benefits can be found at: www.acera.org/death

Primary Beneficiary

ACERA will pay benefits to the primary beneficiaries who are alive during any portion of the day you die. If a primary beneficiary dies before the day you die, ACERA will pay the surviving primary beneficiaries proportionately based on your percentage designations, or equally if you make no percentage designations. If a primary beneficiary is entitled to a payment from ACERA but dies before ACERA makes the payment, ACERA will make that payment to the primary beneficiary's estate. If you would like different rules to apply, you must provide those different rules to ACERA in a signed written statement with this form.

If You Are Naming a Charity, a Trust, or Your Estate
See the instructions at www.acera.org/retire#2.

If You Are Naming a Minor
It is important for you to read the instructions at www.acera.org/minors.

To Name More Than 2 Primary Beneficiaries
Write "See Addendum" in the Primary Beneficiary Name field and Relationship to You field, and submit this form. Then complete the Active or Deferred Beneficiary Addendum at www.acera.org/aba.

Primary Beneficiary Name _____ Percentage of Benefit _____

Email Address _____ Date of Birth (mm/dd/yyyy) _____ Full Social Security Number _____

Address _____

City _____ State _____ Zip _____ Country _____

Relationship to You _____ Telephone Number _____

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

_____ until age _____ under California Uniform Transfers to Minors Act
(Optional) Name of Adult Custodian for Minor Named Above 18 - 25

Primary Beneficiary Name _____ Percentage of Benefit _____

Email Address _____ Date of Birth (mm/dd/yyyy) _____ Full Social Security Number _____

Address _____

City _____ State _____ Zip _____ Country _____

Relationship to You _____ Telephone Number _____

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

_____ until age _____ under California Uniform Transfers to Minors Act
(Optional) Name of Adult Custodian for Minor Named Above 18 - 25

Must add up to 100%

Put your name and date at the top of every page.

Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)
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SECTION 3B

Contingent Beneficiary

If all your primary beneficiaries die before the day you die, ACERA will pay benefits to the contingent beneficiaries who are alive during any portion of the day you die. If a contingent beneficiary dies before the day you die, ACERA will pay the surviving contingent beneficiaries proportionately based on your percentage designations, or equally if you make no percentage designations. If a contingent beneficiary is entitled to a payment from ACERA but dies before ACERA makes the payment, ACERA will make that payment to that contingent beneficiary's estate. If you would like different rules to apply, you must provide those different rules to ACERA in a signed written statement with this form.

If You Are Naming a Charity, a Trust, or Your Estate
See the instructions at www.acera.org/retire#2.

If You Are Naming a Minor
It is important for you to read the instructions at www.acera.org/minors.

To Name More Than 2 Primary Beneficiaries
Write "See Addendum" in the Primary Beneficiary Name field and Relationship to You field, and submit this form. Then complete the Active or Deferred Beneficiary Addendum at www.acera.org/aba.

Contingent Beneficiary Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Full Social Security Number
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	
If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.			
(Optional) Name of Adult Custodian for Minor Named Above		until age	under California Uniform Transfers to Minors Act
		18 - 25	
Contingent Beneficiary Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Full Social Security Number
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	
If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.			
(Optional) Name of Adult Custodian for Minor Named Above		until age	under California Uniform Transfers to Minors Act
		18 - 25	

Must add up to 100%

SECTION 4

Advance Death Benefit Election (Active Members Only)

This election may result in greater benefits for the beneficiary(ies) you designated in Section 3.

This election authorizes ACERA to file a non-service-connected disability retirement application on your behalf, in the event you suffer a terminal injury or illness that entitles you to a disability retirement and leads to your death. For more information, please review the Board's Death Benefit Equity Policy at www.acera.org/equity.

By making this election, you are choosing the maximum available lifetime continuance to your designated beneficiary under Optional Settlement 2 or to your multiple designated beneficiaries under Optional Settlement 4. This election can provide the beneficiary(ies) you designated in Section 3 of this form greater benefits than if you were to die without making this election.

For more information on these death benefits, please visit: www.acera.org/adv

- Advance Death Benefit Election (Active Members Only):** If I become eligible for a disability retirement before I die, I direct ACERA to apply for a non-service-connected disability on my behalf and, if the application is granted, I elect an Optional Settlement for the maximum available lifetime continuance(s) to my designated beneficiary under Optional Settlement 2 or divided among my designated multiple beneficiaries under Optional Settlement 4.

I understand that ACERA will pay these benefits to my primary beneficiary or beneficiaries who are alive on the day following the day I die or, if none, then to my contingent beneficiary or beneficiaries who are alive the day following the day I die.

I understand that if I have multiple qualifying beneficiaries the benefit will be divided among them according to the percentages I designated in Section 3 of this form or equally if I have not designated percentages.

I understand that this benefit is available only for a beneficiary who is a natural person. Any other type of beneficiary (e.g., trust, estate, charity) that I designate in Section 3 will be treated the same as a natural person who did not qualify to receive benefits (e.g., died before me).

I understand that I may revoke this election in writing any time or by filing with ACERA a new Active or Deferred Member Beneficiary Designation Form.

Important: After filing this form, a subsequent marriage, domestic partnership, divorce, domestic partnership termination, or the birth or adoption of children may invalidate this Advance Death Benefit Election. After any of these events, you should submit a new Active or Deferred Member Beneficiary Designation Form with an election of Advance Death Benefit Election to affirm your beneficiary designation(s), even if you will name the same beneficiary(ies). For more information, see the Board's Death Benefit Equity Policy at www.acera.org/equity.

Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)

SECTION 5

Signature of Member's Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner

If you are married, in a state-registered domestic partnership, or in an Alameda County domestic partnership, then your current spouse/domestic partner needs to sign below. If your spouse/domestic partner cannot or will not sign or if you do not have a spouse/domestic partner, then you must complete and execute the declaration at the bottom of the page.

I, _____,
Name of Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner (Print First Name, Middle Initial, Last Name)

have reviewed the completed sections above in this beneficiary designation form. I am the spouse, state-registered domestic partner, or Alameda County domestic partner of the ACERA member who is submitting this form. I understand that the sole purpose of my signature below is to acknowledge that I am aware of the selection of benefits and/or change of beneficiary made by my spouse or domestic partner.

Signature of Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner	Date (mm/dd/yyyy)

Member Declaration If There Is No Spouse Or Domestic Partner Signature Above

If you are not married, in a state-registered domestic partnership, or in an Alameda County domestic partnership, or if the final beneficiary designation form will not have your spouse/domestic partner signature above, then you must execute a declaration with one of the choices below.

I, _____, declare as follows:
Name of Member (Print First Name, Middle Initial, Last Name)

- I am not currently married or in a domestic partnership.
- My current spouse/domestic partner has no identifiable community property interest in my ACERA benefits.
- I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse/domestic partner.
- My current spouse/domestic partner has been advised of my selection of an optional settlement and/or my change in beneficiary designation and has refused to sign the written acknowledgment.
- My current spouse/domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- I and my current spouse/domestic partner have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code which makes the community property law inapplicable to the marriage/domestic partnership.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Member Signature for Section 4	Date (mm/dd/yyyy)

Establishing Reciprocity

If you have prior work with another California public agency and you're beginning employment with your ACERA employer within 6 months of your previous job, you may want to consider establishing reciprocity with your former employer's retirement system.

Reciprocity is the joining or linking of similarly administered California public retirement systems. Under very specific rules, establishing reciprocity allows employees who move between certain California retirement systems to eliminate disadvantages that members might otherwise experience when moving from one retirement system to another. Additionally, if you entered a previous retirement system prior to January 1, 2013, establishing reciprocity could put you in an earlier tier and may lower or increase your employee contribution rate.

You may elect to establish reciprocity below. If you do not establish reciprocity now, you could establish it later as long as you meet the conditions listed on the webpage below.

More information can be found at: www.acera.org/reciprocity

- I ELECT to establish reciprocity, if eligible, with my previous employer's retirement system(s). I understand that this election is irrevocable and I cannot withdraw contributions from the prior reciprocal retirement system(s) unless I terminate from ACERA.

List all previous employer's retirement system(s) here:

Agency (most recent)

_____ to _____
Dates of Service

Agency

_____ to _____
Dates of Service

Agency

_____ to _____
Dates of Service

- I DO NOT ELECT to establish reciprocity at this time.

Member Signature

I understand the rights and claims of an eligible surviving spouse, state registered domestic partner, or Alameda County domestic partner to receive a monthly survivor allowance, if eligible, may be superior to and supersede the rights and claims of any other beneficiary named above. I declare the above to be true, correct, and accurate under penalty of perjury, under the laws of the State of California. I make the above statements with the understanding that ACERA will rely upon them for the purpose of determining retirement plan eligibility, the establishment of reciprocity and eligible benefit payments. I hereby agree to notify ACERA immediately of any changes to the above facts and information.

Member Signature

Date (mm/dd/yyyy)



How to Submit Your Form

510-628-3000 • 1-800-838-1932 • info@acera.org

Use One of These Four Options

Scan and Upload

1. Print your form and sign it.
2. Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages of your form. Visit www.acera.org/scan for a tutorial and a link to get the app. (Alternatively, you can use a physical scanner to create a PDF.)
3. Log in to your account at www.acera.org/login. Click the Upload Documents link to upload your signed, scanned, PDF form. (Or instead of uploading, you can email it to info@acera.org.)

Or Quick Code (QIC)

Print your form, sign it, place it in a county Quick Code (QIC) envelope, and send it to ACERA at 22901.

Or Fax

Fax your printed, signed form to 510-268-9574.

Or Mail

Mail your printed, signed form to:

ACERA
475 14th Street, Suite 1000
Oakland, California 94612

Fax your documents to 510-268-9574.