



Active or Deferred Member Beneficiary Designation Form

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SECTION 1

The Purpose of This Form

As an active or deferred ACERA member, there are certain benefits that will be paid after you die. This form allows you to designate one or more beneficiaries to receive those benefits. Death benefits for beneficiaries of a member who dies before retirement consist of:

- A refund of the member's accumulated contributions plus interest; and
- For active (and some deferred) members, one month's salary for each completed year of service, up to a maximum of six months' salary.
- For members with more than five years of service credit at the time of death (including reciprocal service), monthly allowances may be available to surviving spouses, domestic partners, or children under age 22. Such allowances are in lieu of and supersede the above lump sums that would otherwise be paid to your designated beneficiary(ies). Allowances may be available to other types of beneficiaries of members who elect the Advance Death Benefit Election in Section 4 of this form.
- Additional benefits and monthly allowances may be available if the member's death is a result of injury or disease arising out of and in the course of the member's employment, and such employment contributes substantially to the member's death. For more details on death benefits visit: www.acera.org/death

This form will be void and replace any prior nomination of beneficiaries.

SECTION 2

Information About You

We will update our records if the contact information you provide here does not match what we currently have on file for you.

<input type="text"/>	<input type="text"/>
Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number

Physical Home Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Home/Cell Phone	Work Phone

Personal Email Address (Not Work Email Address)

Please List Any Other Names Used

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

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

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, full Social Security Number, and date at the top of every page

Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)

SECTION 3A

Name Your Beneficiary or Beneficiaries

If You Are Naming a Charity, a Trust, or Your Estate

See the instructions at www.acera.org/charity.

If You Are Naming a Minor

It is important for you to read the instructions at www.acera.org/minors.

Primary Beneficiary

ACERA will pay benefits to the primary beneficiaries who are alive on the day following the day you die. If a primary beneficiary dies before that day, ACERA will pay the other 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.

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 the 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 the 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, full Social Security Number, and date at the top of every page

_____	_____	_____
Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)

Must add up to 100%

SECTION 3A

Name Your Beneficiary or Beneficiaries (continued)

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

_____	_____
Primary Beneficiary Name	Percentage of Benefit

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

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

Address

_____	_____	_____	_____
City	State	Zip	Country

_____	_____
Relationship to You	Telephone Number

If naming a minor, see instructions in the 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	

Put your name, full Social Security Number, and date at the top of every page

Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)

SECTION 3B

Contingent Beneficiary

If You Are Naming a Charity, a Trust, or Your Estate

See the instructions at www.acera.org/charity.

If You Are Naming a Minor

It is important for you to read the instructions at www.acera.org/minors.

If all your primary beneficiaries fail to qualify to receive benefits, ACERA will pay benefits to the contingent beneficiaries who are alive on the day following the day you die. If a contingent beneficiary dies before that day, ACERA will pay the other 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.

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 the 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	
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 the 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, full Social Security Number, and date at the top of every page

Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)

Must add up to 100%

SECTION 3B

Contingent Beneficiary (continued)

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

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

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 the 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	

Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)

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)	Full Social Security Number	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 5	Date (mm/dd/yyyy)

Put your name, full Social Security Number, and date at the top of every page

Your Name (First Name, Middle Initial, Last Name)	Full Social Security Number	Date (mm/dd/yyyy)
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SECTION 6

Signature for Beneficiary Designation

Please sign below.

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

Member Signature	Date (mm/dd/yyyy)
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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