



ACTIVE OR DEFERRED 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

Please Print or Type

Name: _____ Social Security Number _____ - _____ - _____

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

Home Phone No: (_____) _____ Cell Phone Number: (_____) _____ Email Address: _____

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

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

As an active or deferred ACERA member, you have certain benefits that will be paid at the time of your death. The basic death benefit for a member who dies before retirement consists of:

- A refund of accumulated contributions plus interest; and
- (For active, but not deferred members) one month's salary for each completed year of service (to a maximum of six months' salary).

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

You should be aware that, under certain circumstances, state law allows a surviving spouse, or the legally-appointed guardian of a surviving child, of an active (but not a deferred) member to elect other benefits that will replace payment of the basic death benefit to your named beneficiaries.

IF ARE YOU 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 choose, 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 telephone 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 a case court appointment and supervision of a guardian will be required and all funds will be distributed to the beneficiary at age 18.

NOTE: To name different beneficiaries for different benefits, use a separate beneficiary form to be provided by ACERA for that purpose. In addition, indicate the percentage of benefit (total should not exceed 100%) for each beneficiary. If you do not indicate a percentage, payment will be divided in equal shares to the named beneficiaries.

Unless you provide otherwise, if you name multiple primary beneficiaries, in the event primary beneficiaries have pre-deceased you, ACERA shall pay surviving primary beneficiaries in equal shares.

PRIMARY BENEFICIARY:

Name: _____ Percentage of Benefit: _____

Address: _____ Date of Birth: _____

City, State, Zip Code: _____ Social Security No.: _____

Telephone Number: (_____) _____ Relationship: _____

Email Address: _____

PRIMARY BENEFICIARY (cont'd):

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (____) _____
Email Address: _____

Percentage of Benefit: _____
Date of Birth: _____
Social Security No.: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (____) _____
Email Address: _____

Percentage of Benefit: _____
Date of Birth: _____
Social Security No.: _____
Relationship: _____

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

Unless you provide otherwise, if you name multiple contingent beneficiaries, in the event contingent beneficiaries predeceased you, ACERA shall pay surviving contingent beneficiaries in equal shares.

CONTINGENT BENEFICIARY:

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (____) _____
Email Address: _____

Percentage of Benefit: _____
Date of Birth: _____
Social Security No.: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (____) _____
Email Address: _____

Percentage of Benefit: _____
Date of Birth: _____
Social Security No.: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (____) _____
Email Address: _____

Percentage of Benefit: _____
Date of Birth: _____
Social Security No.: _____
Relationship: _____

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 in its office.

Required Member's Signature: _____ Date: _____

NOTE: Either Section A or Section B below must also be completed and signed or the form will be rejected and returned.

**I: SECTION III: SECTION III: SECTION III:SPOUSAL OR DOMESTIC PARTNER ACKNOWLEDGMENT:
One of the following two sections must be completed**

SECTION A: Signature of Member's Spouse or Domestic Partner

I am the spouse or state-registered domestic partner of the ACERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state-registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be "consent," "waiver," or "a transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or state-registered domestic partner.*

Name of Spouse or State-Registered Domestic Partner (please print): _____

Spouse's or State-Registered Domestic Partner's Signature: _____ Date: _____

* See California Probate Code Sec 140, et. seq. ; California Probate Code Sec 5021, et. seq; California Family Code Sec. 850, et. seq.

SECTION B: Declaration of Reason for Absence of Spouse's or Domestic Partner's Signature

I declare under penalty of perjury under the laws of the State of California that:

- I am not married or registered with the Secretary of State under a domestic partnership.
- I am a widower and have not remarried.**
- My current spouse or domestic partner has no identifiable community property interest in any ACERA benefits earned through my employment.
- I do not know, and have taken reasonable steps to determine, the whereabouts of my current spouse or domestic partner.
- My current spouse or domestic partner has been advised of this designation of beneficiaries and has refused to sign the written acknowledgment.
- My current spouse or domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement pursuant to California Family Code §§1500-1620 that makes the community property law inapplicable to our marriage or domestic partnership.

Member's Signature: _____ Date: _____

**Equivalent to 31760.3(a)

Revised: 05/07/2012

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