

# **Active or Deferred Beneficiary Addendum**

510-628-3000 • info@acera.org

Use this form to name more than two beneficiaries as primary and/or contingent beneficiaries for death benefits. You may also use this form to name different beneficiaries for different benefits. Write "See Addendum" in the Primary Beneficiary Name field on your beneficiary form or ACERA Welcome form, and fill out your beneficiary information below. Submit this with your beneficiary form or ACERA Welcome Form.

## Primary Beneficiary

Percentage of Benefit lines must total 100%. If you do not indicate a percentage, or if the percentages do not equal 100%, ACERA shall pay surviving beneficiaries in equal shares.

## If You Are Naming a Minor for Options 2 or 3

Please review the instructions at <a href="https://www.acera.org/minors">www.acera.org/minors</a>.

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

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

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Put your name and Last 4				
of SSN or ACERA ID at the top of every page	Your Name (First Name, Middle	Initial, Last Name)	Last 4 c	f Social Security Number or ACERA ID
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Naming a Minor for Options 2 or 3	(Optional) Name of Adult	Custodian for Minor Named Above	18 - 25	
for Options 2 or 3 Please review the instructions at	(Optional) Name of Adult	Custodian for Minor Named Above	18 - 25	
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for Options 2 or 3 Please review the instructions at www.acera.org/	(Optional) Name of Adult  Name	Custodian for Minor Named Above	18 - 25	Percentage of Benefit
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming		Custodian for Minor Named Above	18 - 25	
for Options 2 or 3 Please review the instructions at www.acera.org/minors.	Name	Custodian for Minor Named Above		Percentage of Benefit
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust,	Name Email Address Address	Custodian for Minor Named Above	 Date of Birth (mm/dd/yyyy)	Percentage of Benefit  Last 4 of SSN
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust, or Your Estate	Name Email Address Address	Custodian for Minor Named Above		Percentage of Benefit  Last 4 of SSN
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust, or Your Estate  See the instructions a	Name  Email Address  Address  City		 Date of Birth (mm/dd/yyyy)         Zip	Percentage of Benefit  Last 4 of SSN  Telephone Number
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust, or Your Estate  See the instructions a	Name Email Address Address		 Date of Birth (mm/dd/yyyy)	Percentage of Benefit  Last 4 of SSN  Telephone Number
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust, or Your Estate  See the instructions a	Name  Email Address  Address  City  Relationship to You	     State	 Date of Birth (mm/dd/yyyy)         Zip	Percentage of Benefit  Last 4 of SSN  Telephone Number  Country
for Options 2 or 3  Please review the instructions at www.acera.org/minors.  If You Are Naming a Charity, a Trust, or Your Estate  See the instructions a	Name  Email Address  Address  City  Relationship to You	     State	Date of Birth (mm/dd/yyyy)  Zip  Special Instructions  adult custodian. Leave blank if beneficiary is ag	Percentage of Benefit  Last 4 of SSN  Telephone Number  Country

Must add up to 100%

Put your name and Last 4
of SSN or ACERA ID at the
top of every page

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

Last 4 of Social Security Number or ACERA ID

## Contingent Beneficiary

Percentage of Benefit lines must total 100%. If you do not indicate a percentage, or if the percentages do not equal 100%, ACERA shall pay surviving beneficiaries in equal shares.

## If You Are Naming a Minor for Options 2 or 3

Please review the instructions at <a href="https://www.acera.org/minors">www.acera.org/minors</a>.

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

See the instructions at <a href="https://www.acera.org/charity">www.acera.org/charity</a>.

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

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Address		Telephone Number	
Address	State	Telephone Number	
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City Relationship to You		Zip Country  Special Instructions	s Act

Put your name and Last 4
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top of every page

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

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

See the instructions at <a href="https://www.acera.org/charity">www.acera.org/charity</a>.

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Name Email Address Address City Relationship to You	State	Date of Birth (mm/dd/yyyy)	Last 4 of SSN  Telephone Number  Country	



# **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.
- Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages
  of your form. Visit <a href="www.acera.org/scan">www.acera.org/scan</a> 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 <a href="www.acera.org/login">www.acera.org/login</a>. Click the Upload Documents link to upload your signed, scanned, PDF form. (Or instead of uploading, you can email it to <a href="mailto:info@acera.org">info@acera.org</a>.)

#### 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.