NON-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

Section I – GENERAL INFORMATION - **Please Print or Type**

Name: _____ **Social Security Number:** _____-_____-_____

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

Home Phone No.: (____) _____ **Cell Phone No.:** (____) _____-

Email Address (Permanent):_____ **Birth Date:** _____

Sex: Male ___ **Female** ___ **Marital Status: Single:** ___ **Married:** ___ **Divorced:** ___ **Widowed:** ___

Name of Current Spouse/State-Registered Domestic Partner:_____

Social Security Number of Current Spouse/State-Registered Domestic Partner: _____-____-_____

Any other Name Used: No: ___ **Yes:** ____ **If yes, please list name:** _____

ACERA Member - Name of Ex-Spouse/Former State-Registered Domestic Partner: _____

ACERA Member - Social Security Number of Ex-Spouse/Former State-Registered Domestic Partner: _____-____-_____

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

Note: Please complete section II OR III. Do not complete both sections.

- **Section II is for deferred non-members, who have funds on deposit and are not receiving a monthly retirement allowance.**
- **Section III is for retired non-members, who are currently receiving a monthly retirement allowance.**

If you are 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 phone 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.

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.

SECTION II: DEFERRED NON-MEMBER

As party to a Dissolution of Marriage, Termination of Domestic Partnership, or Legal Separation proceeding involving an ACERA member, you have certain benefits that may be paid to you at death. By completing and submitting this form, you are naming beneficiaries for the following benefits and revoking and replacing any prior nomination of beneficiaries for these benefits:

1. **All benefits ACERA may pay on death, including, but not limited to a refund of accumulated contributions plus interest.**

Unless you provide otherwise, if you name multiple primary beneficiaries, in the event primary beneficiaries have pre-deceased you, ACERA shall pay 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:_____

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

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 have pre-deceased you, ACERA shall pay surviving contingent beneficiaries in equal shares.

CONTINGENT BENEFICIARY:

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

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 Non -Member's Signature: _____ **Date:**_____

SECTION III: RETIRED NON-MEMBER

As party to Dissolution of Marriage, Termination of Domestic Partnership or Legal Separation proceedings involving an ACERA member, beneficiaries designated here could be eligible to receive continued monthly payments after your death. By completing and submitting this form, you are naming beneficiaries for the following benefits and revoking and replacing any prior nomination of beneficiaries for all benefits ACERA may pay, including but not limited to:

1. **Any community Property Share of the Retired Death Benefit;**
2. **Any retirement allowance earned but not yet paid to you at the time of death;**
3. **Refund of contributions if, when all monthly retirement payments have been made, the total payments made by ACERA are less than your total contributions and interest; and**
4. **Refund of any prepaid health insurance premiums for dependents not yet applied at the time of your death.**

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:_____

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

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 have pre-deceased you, ACERA shall pay surviving contingent beneficiaries in equal shares.

CONTINGENT BENEFICIARY:

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

Name: _____ **Percentage of Benefit:** _____
Address: _____ **Date of Birth**: _____
City, State, Zip Code: _____ **Social Security No.**: _____
Telephone Number: (_____)_____ **Relationship:** _____
Email Address:_____

Please sign below:

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

I hereby grant and authorize ACERA to reduce the death benefit payable to my designated beneficiary by any and all amounts owed to ACERA upon my death.

Required Non-Member's Signature: _____ Date:_____

Revised: 05/07/2012

S:\Benefits\FORMS\Forms\Revised Forms\Non-Member Beneficiary Form - 05-07-2012.doc