



ACERA Welcome Form

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510-628-3000 • Fax: 510-268-9574

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

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.

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

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.

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

Must add up to 100%

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

Check the Box to Make the Advance Death Benefit Election (No Trusts, Estates, or Charities)

Checking the box below may result in greater benefits for the beneficiary(ies) you designated in Section 3:

☐

I elect the Advance Death Benefit (Active Members Only)

There is no disadvantage to making this election.

How This Election May Increase Benefits to Your Beneficiaries Should You Die Before Retirement:

This election provides 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 may provide the beneficiary(ies) you designated in Section 3 of this form greater benefits than if you were to die without making this election. If you die before retirement, this election directs ACERA to apply for a non-service-connected disability retirement on your behalf (if you were eligible for a non-service-connected disability retirement before death) with the election of an Optional Settlement that maximizes the available lifetime benefits to your designated beneficiary(ies).

For more information: Please visit: www.acera.org/adv

Eligibility for This Benefit: This benefit is available only to beneficiaries who are natural persons (individuals, not trusts, estates, or charities). If you designate a non-natural beneficiary in Section 3, they will not be eligible to receive benefits under this election and will be treated the same as a natural person who did not qualify to receive benefits (e.g., died before you).

Payment of Benefits: ACERA will pay these benefits to your primary beneficiary or beneficiaries who are alive on the day following the day you die. If no primary beneficiary is alive, the benefits will be paid to your contingent beneficiary or beneficiaries who are alive the day following the day you die. If you have multiple qualifying beneficiaries, the benefit will be divided among them according to the percentages you designated in Section 3 of this form or equally if you have not designated percentages.

Revocation of Election: You may revoke this election at any time by submitting a new Active or Deferred Member Beneficiary Designation Form.

Certain Life Changes May Invalidate This Election: 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.

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 Five Options

OPTION A: 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 and any attached documents. 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 Message Center > Send a New Message > Attach Files to upload your signed, scanned, PDF form. Write the name of the form in the message subject line. Click Send.

OPTION B: Quick Code (QIC)

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

OPTION C: Fax

Fax your printed, signed form and any attached documents to 510-268-9574.

OPTION D: Mail

Mail your printed, signed form and any attached documents to:

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

OPTION E: Drop It In Our Office Drop Box

Print your form, sign it, and submit the original copy and any attached documents in our drop box. Our drop box is in our office elevator lobby on the 10th floor of 475 14th Street in Oakland. The lobby is open during regular business hours, Mon-Fri 9:00am–4:30pm, excluding holidays. You don't need an appointment.