



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.

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

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	

If You Are Naming a Minor for Options 2 or 3

Please review the instructions at www.acera.org/minors.

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

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	

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

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



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

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.

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

If naming a minor, see instructions in 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	

If You Are Naming a Minor for Options 2 or 3

Please review the instructions at www.acera.org/minors.

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

If naming a minor, see instructions in 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	

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

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

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

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

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 www.acera.org/minors.

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

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

Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address		Telephone Number	
City	State	Zip	Country
Relationship to You		Special Instructions	
If naming a minor, see instructions in 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	
Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address		Telephone Number	
City	State	Zip	Country
Relationship to You		Special Instructions	
If naming a minor, see instructions in 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 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 www.acera.org/minors.

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

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

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

Name		Percentage of Benefit	
Email Address		Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address		Telephone Number	
City	State	Zip	Country
Relationship to You		Special Instructions	
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%



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

Fax your documents to 510-268-9574.