



Member Enrollment Questionnaire

Alameda County Employees' Retirement Association
475 14th Street, Suite 1000, Oakland, CA 94612
Phone: 510-628-3000 Fax: 510-268-9574 www.acera.org

Providing the following information is required by law. Please complete this questionnaire and return it immediately to the address above.

Section 1: Member Information (Please Print)

Name: _____ Birth Date: _____ SSN: _____

Address/City/State/Zip: _____

Other Names Used: _____ Phone: _____ Email: _____

Marital Status: Single: Married: Divorced: Widowed: **State Registered** Domestic Partner:

Spouse/State Registered Domestic Partner Information

Name: _____ Birth Date: _____ SSN: _____

Date of Marriage/**State Registration**: _____ County: _____

Date of Divorce/Termination of Domestic Partnership: _____ County: _____

You are required to furnish evidence of birth verification. ACERA accepts certified copies of the following:

- Certified birth certificate or official report of birth abroad
- Valid foreign passport with valid record of arrival/departure (Form I-94)
- Official US passport or official passport issued from a US territory
- Official naturalization certificate

Not acceptable as proof of birth: Driver's license and California identification

Section 2: Employment Information

Employer: _____ Department: _____

Job Title: _____ Date of Employment: _____

Monthly, Bi-Monthly, or Bi-Weekly Salary: _____

I swear the statements above are true to the best of my knowledge. I understand this questionnaire supersedes any previous one I might have filed.

MEMBER SIGNATURE: _____ **DATE:** _____

For Employer Use Only — Employer Certification

The employer hereby certifies, the employee has signed this form on the date indicated above.

Print Name: _____ Title: _____ Date: _____

Certifying Employer Signature: _____ Phone Number: _____

Section 3: Previous Employment

It is important that ACERA is aware of your prior public plan benefits in order to enroll you in the appropriate ACERA plan as a new or re-entering member of the retirement system; prior service could also affect your contribution rate.

Prior to your new permanent employment, were you ever a permanent or temporary employee of Alameda County, Alameda County Superior Courts, Alameda County First 5, Alameda County Housing Authority, Alameda Health System (formerly Alameda County Medical Center), Office of Education, and Livermore Area Recreation and Park District (LARP)? Yes* No

Are you currently or were ever employed by the State of California or any other county, city, or public agency in California (no including the federal government)? Yes* No

Are you currently or were you ever a member of any other public retirement system? Yes* No Funds still on deposit? Yes* No

* If your answer is yes to any of the above questions, please provide information on all departments or agencies where you were previously employed, whether it was temporary or permanent employment, and any other names used: _____

Purchasing Prior Time Worked as ACERA Service Credit

If you wish to purchase service credit for eligible prior time worked, you must make a written election and submit that election to ACERA within one (1) year of your date of entry into ACERA membership; otherwise, you will lose your eligibility to ever make the purchase.* You can make your election by marking the box below. There is no drawback or obligation to making this election. *Government Code § 31641.1, 31641.5, and 31648

Yes, I elect to purchase available service credit. Checking this box does not obligate me to actually make the purchase. A separate written request to purchase and payment for any such purchase can be completed and submitted to ACERA prior to my retirement.

Section 4: Beneficiary Designation For ACERA Death Benefits

A beneficiary is a person you designate—who does not predecease you—to receive your ACERA death benefits should you pass away. You can name one or more beneficiaries below. If your beneficiary predeceases you, your signature below is an instruction to ACERA to pay the remaining named beneficiaries as if the predeceased beneficiary was not named. Use a blank page if you need more space—be sure to state the type of beneficiary (e.g., primary or contingent).

If You Are Naming A Minor: (A) You can 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 18 to 25] under the California Uniform Transfers to Minors Act.” Use the adult’s name/address/telephone and minor’s date of birth; or

(B) You can name the minor. In such cases a court appointment of a guardian will be required or all funds will be distributed to the beneficiary at age 18.

Primary Beneficiary

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

Name: _____ Percentage of Benefit: _____
Address: _____ Birth Date: _____
City/State/ZIP: _____ SSN: _____
Phone: _____ Email: _____ Relationship: _____

Name: _____ Percentage of Benefit: _____
Address: _____ Birth Date: _____
City/State/ZIP: _____ SSN: _____
Phone: _____ Email: _____ Relationship: _____

Contingent Beneficiary

If no primary beneficiary survives you, we will pay death benefits to the contingent beneficiaries named here. Percent of Benefit lines must total 100%. If you do not indicate a percentage, ACERA shall pay surviving contingent beneficiaries in equal shares.

Name: _____ Percentage of Benefit: _____
Address: _____ Birth Date: _____
City/State/ZIP: _____ SSN: _____
Phone: _____ Email: _____ Relationship: _____

Name: _____ Percentage of Benefit: _____
Address: _____ Birth Date: _____
City/State/ZIP: _____ SSN: _____
Phone: _____ Email: _____ Relationship: _____

Signature

I _____, understand the rights and claims of an eligible surviving spouse or **state registered** 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 eligibility for benefit payments. I hereby agree to notify ACERA immediately of any changes to the above facts and information.

MEMBER SIGNATURE: _____

DATE: _____