RETIRED 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

Please Print or Type

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

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

Email Address: _____ **Date of Birth:** _____

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

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

Any Other Name Used: **No** ☐ **Yes** ☐ **If yes, please list name:** _____

As an ACERA retiree, you have certain benefits that will be paid at your death. In the Election of Retirement Allowance form you signed at the time of retirement, you made elections regarding your nominated beneficiaries. Beneficiaries designated to receive continued monthly payments (continuance) after your death cannot be changed, even on their death. Beneficiaries designated for benefits other than a continuance may be changed at any time. By completing and submitting this Form, you are naming beneficiaries for all the following benefits and revoking and replacing any prior nomination of beneficiaries for these benefits:

1. **One thousand dollar ($1,000) death benefit;**
2. **Any retirement allowance earned but not yet paid to you at the time of your death;**
3. **Refund of excess 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 time of your death.**

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 telephone 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 before any payments can be distributed; otherwise, all funds will be distributed to the beneficiary at age 18.

NOTE: 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.

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: (_____)_____ **Email Address:** _____
Cell Phone Number:_____ **Relationship:** _____

PRIMARY BENEFICIARY (CONT'D.):

Name: ______________________________ Percentage of Benefit: ______________
Address: ______________________________ Date of Birth: ______________
City, State, Zip Code: ______________________________ Social Security No.: ______________
Telephone Number: (______)______________________________ Email Address: ______________
Cell Phone Number:______________________________ Relationship: ______________

Name: ______________________________ Percentage of Benefit: ______________
Address: ______________________________ Date of Birth: ______________
City, State, Zip Code: ______________________________ Social Security No.: ______________
Telephone Number: (______)______________________________ Email Address: ______________
Cell Phone Number:______________________________ Relationship: ______________

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 contingent beneficiaries in equal shares.

CONTINGENT BENEFICIARY:

Name: ______________________________ Percentage of Benefit: ______________
Address: ______________________________ Date of Birth: ______________
City, State, Zip Code: ______________________________ Social Security No.: ______________
Telephone Number: (______)______________________________ Email Address: ______________
Cell Phone Number:______________________________ Relationship: ______________

Name: ______________________________ Percentage of Benefit: ______________
Address: ______________________________ Date of Birth: ______________
City, State, Zip Code: ______________________________ Social Security No.: ______________
Telephone Number: (______)______________________________ Email Address: ______________
Cell Phone Number:______________________________ Relationship: ______________

Name: ______________________________ Percentage of Benefit: ______________
Address: ______________________________ Date of Birth: ______________
City, State, Zip Code: ______________________________ Social Security No.: ______________
Telephone Number: (______)______________________________ Email Address: ______________
Cell Phone Number:______________________________ Relationship: ______________

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.

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

Required Member's Signature: ______________________________ Date: ______________

NOTE: Either Section A or Section B below must also be completed and signed or the form will be rejected and returned.

SPOUSAL OR DOMESTIC PARTNER ACKNOWLEDGMENT: One of the following two sections must be completed

SECTION A: Signature of Member's Spouse or Domestic Partner

I am the spouse or state-registered domestic partner of the ACERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state-registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be "consent," "waiver," or "a transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or state-registered domestic partner.*

Name of Spouse or State-Registered Domestic Partner; please print: _____

Spouse's or State-Registered Domestic Partner's Signature: _____ **Date:** _____

*See California Probate Code Sec 140, et. seq. ; California Probate Code Sec 5021, et. seq; California Family Code Sec. 850, et. seq.

SECTION B: Declaration of Reason for Absence of Spouse's or Domestic Partner's Signature

I declare under penalty of perjury under the laws of the State of California that:

- ☐ **I am not married or registered with the Secretary of State under a domestic partnership.**
- ☐ **I am a widower, and have not remarried.****
- ☐ **My current spouse or domestic partner has no identifiable community property interest in any ACERA benefits earned through my employment.**
- ☐ **I do not know, and have taken reasonable steps to determine, the whereabouts of my current spouse or domestic partner.**
- ☐ **My current spouse or domestic partner has been advised of this designation of beneficiaries and has refused to sign the written acknowledgment.**
- ☐ **My current spouse or domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.**
- ☐ **My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement pursuant to California Family Code §§1500-1620 that makes the community property law inapplicable to our marriage or domestic partnership.**

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

**Equivalent to 31760.3(a).

Revised: 02/27/2014

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