San Joaquin County Employees' Retirement Association
6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • (209) 468-0480 Fax • www.sjcera.org

BENEFICIARY DESIGNATION

Please type or print in ink. Please refer to the instructions for this form if you have any questions or contact our office.

MEMBER

First Name	Middle Name	Last Name	
Mailing Address			CAPS (Employee) ID Number
City	State	Zip Code	Date of Birth
Home Telephone Number ( )	Work Telephone Number ( )		Social Security Number – –
E-Mail Address			○ Male ○ Female ○ Single ○ Married

PRIMARY BENEFICIARIES

I hereby designate the following person(s) who survive me as beneficiaries for death benefits under the County Employees' Retirement Law of 1937 in the event of my death. I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superceded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be service connected, special death benefits will be paid in the manner prescribed by law. If no percentage (%) share is designated, benefits will be paid share and share alike.

1	Name First Middle Last			Social Security Number – –	
	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	Percent Share %
2	Name First Middle Last			Social Security Number – –	
	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	Percent Share %
3	Name First Middle Last			Social Security Number – –	
	Mailing Address			Relationship to Member	Date of Birth
	City	State	Zip Code	Telephone	Percent Share %

If you wish to designate additional primary beneficiaries, please list their name(s), address(es), SSN(s) and relationship(s) to you and share(s) on a separate piece of paper and attach it to this form. ☐ Additional beneficiaries listed on attached.

SIGNATURE

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage, initiation of dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form may void this designation.

Member Signature	Date	Witness Signature (cannot be a beneficiary)	Date
By signing the beneficiary designation form, I acknowledge the information entered by my spouse. Spouse Signature:	Date	Print Witness Name	

☐ I certify under penalty of perjury that I am not currently legally married (e.g., divorced, widowed, or never married)