



# 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.

<b>MEMBER</b>	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				<input type="radio"/> Male <input type="radio"/> Single <input type="radio"/> Female <input type="radio"/> Married	

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 I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superceded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be service connected,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.

<b>PRIMARY BENEFICIARIES</b>	<b>1</b>	Name First Middle Last			Social Security Number - -		
		Mailing Address				Relationship to Member	Date of Birth
		City		State	Zip Code	Telephone	Percent Share %
		Name First Middle Last			Social Security Number - -		
	<b>2</b>	Mailing Address				Relationship to Member	Date of Birth
		City		State	Zip Code	Telephone	Percent Share %
		Name First Middle Last			Social Security Number - -		
		Mailing Address				Relationship to Member	Date of Birth
	<b>3</b>	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.

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.

<b>SIGNATURE</b>	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		
	<input type="checkbox"/> I certify under penalty of perjury that I am not currently legally married (e.g., divorced, widowed, or never married)					