



Beneficiary Designation Form  
Instructions  
for  
Active Members

STANISLAUS COUNTY  
EMPLOYEES' RETIREMENT ASSOCIATION  
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Modesto, CA 95353-3150

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## CHOOSING YOUR BENEFICIARIES

**PLEASE READ THE APPLICABLE INFORMATION BEFORE YOU DESIGNATE YOUR BENEFICIARIES.**

**Your beneficiary designation is very important, and is not provided by your employer.** Taking the time to designate your beneficiary now will simplify the payment process for your survivor(s).

If you do not designate a beneficiary, the choice of benefits available to your survivors may be limited, or they may experience a lengthy delay in receiving payments due to probate proceedings. **If you are married/registered and designate someone other than your spouse/registered domestic partner as primary beneficiary, that person may be forfeiting a life-time benefit and his/her signature is required on the back of the StanCERA Beneficiary form.**

Be sure to update your beneficiary information in response to changes such as birth, death, marriage or divorce\*, domestic partnership registration or termination\*, or if your beneficiary moves.

**Benefits:** If you have less than 5 years of service, your beneficiary will receive your contributions and interest plus one month's salary for each full year of service completed up to a maximum of six-months' salary.

If you have completed five or more years of service, your surviving spouse/registered domestic partner or minor children will have a choice of:

1. A lump sum benefit comprised of your contributions plus interest and one month's salary for each year of service completed in a contributory plan, up to a maximum six-months' salary.
2. OR - A monthly retirement allowance equal to 60% of the monthly retirement allowance, which you would have received if you had been granted a non-service connected disability retirement allowance.
3. OR - A combination of a lump sum benefit equal to one month's salary for each year of service completed, up to a maximum six-months' salary, and a monthly retirement allowance which is the actuarial equivalent of a 60% continuance of your non-service connected disability retirement allowance less the lump sum benefit paid.

***\*Funds may not be dispersed for minor children until legal guardianship is established.***

If you have completed five or more years of service in a contributory plan and do not have a surviving spouse/partner or minor children, your nominated beneficiary will receive your contributions plus one month's salary for each full year of service completed up to a maximum of six-months' salary.

**Please Note:** If you assign multiple beneficiaries to the same Beneficiary Number, the beneficiaries designated will receive a lump sum distribution and are not entitled to the options above.

You may change your beneficiary designation at any time before you retire. Additional information and forms can be found at [www.stancera.org](http://www.stancera.org).

\*In the event of a divorce or domestic partnership termination, a **court order for dissolution** may supersede the designation on this form. Contact StanCERA for information.

**For further information, call StanCERA at 209 525-6393 or visit [www.stancera.org](http://www.stancera.org)**



## StanCERA BENEFICIARY DESIGNATION

### INSTRUCTIONS:

Name your beneficiary(ies) on the center portion of the first page. Up to four beneficiaries may be listed. If you have more, you may attach an additional sheet.  
 Complete and sign the front page and mail it to StanCERA.

**NOTE:** This form cancels and replaces all prior beneficiary designations on file. You must complete all information requested for each beneficiary.

### Primary Beneficiary(ies)

You may name one or more primary (Beneficiary # 1) beneficiaries. Indicate the percentage share for each beneficiary. The percentages for all primary beneficiaries **must total 100%**. If percentages are not specified, benefits will be divided equally. In the event that a primary beneficiary predeceases you, benefits will be divided equally among your remaining primary beneficiaries; or, if none remain, to your secondary beneficiary(ies) or, if necessary, to your estate. **If you are married/registered and name more than one primary beneficiary or someone other than your spouse/domestic partner, your spouse/domestic partner may be forfeiting a life time benefit and must sign the back of the form.**

### Secondary Beneficiary(ies)

You may name one or more. The total percentage share for all secondary beneficiaries must total 100%.

Section 2: BENEFICIARY INFORMATION						TOTAL PERCENT: 200
Beneficiary Number 1	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	First Name Shawn	MI P	Last Name County	Social Security Number 551 - 55 - 5551	
Percent % 100	Relationship Spouse	Street Address 123 Easy Street		Telephone Number (209) 555-1234		
	Birth Date 1/11/1942	City Modesto	State CA	Zip 95353		
Beneficiary Number 2	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	First Name Christopher	MI Q	Last Name County	Social Security Number 552 - 55 - 5552	
Percent % 50	Relationship Child	Street Address 123 Easy Street		Telephone Number (209) 555-1234		
	Birth Date 2/22/1980	City Modesto	State CA	Zip 95353		
Beneficiary Number 2	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	First Name Crystal	MI C	Last Name County	Social Security Number 553 - 55 - 5553	
Percent % 50	Relationship Child	Street Address 123 Easy Street		Telephone Number (209) 555-1234		
	Birth Date 2/22/1980	City Modesto	State CA	Zip 95353		
Beneficiary Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	First Name	MI	Last Name	Social Security Number	
Percent %	Relationship	Street Address		Telephone Number		
	Birth Date	City	State	Zip		
Member's Signature (Required)				Date		

If completing the form on-line, this must be at least 100%. If you have listed secondary beneficiaries be more than 100%.

Secondary beneficiary are identified as Beneficiary Number 2 with percentages that total 100%.

Each person you name must have a Beneficiary Number and Percent assigned. If beneficiaries share benefits, assign each the same beneficiary number and indicate the percentage each is to receive. The percents of all beneficiaries with the same beneficiary number must add up to 100%. If you are married, in a registered domestic partnership or have minor children, your spouse/partner or minor children may have superior rights over any other person you name as a beneficiary. Some beneficiaries may not be eligible to receive certain monthly continuances or benefits. *Note: Funds may not be dispersed for minor children until legal guardianship is established.*



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## StanCERA BENEFICIARY DESIGNATION

### Designating a Trust as a Beneficiary (page 2)

A trust may be designated as primary or secondary beneficiary. The total percentage for each beneficiary level must equal 100%. Use the language your attorney has given you when naming the Trust and include the tax identification number if applicable. Remember if your beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a Trust. Therefore by naming your Trust as Beneficiary # 1 your spouse/partner is forfeiting the right to a lifetime monthly continuance.

### Sample; Trust as Primary Beneficiary:

**Beneficiary Designation Continued**

Section 3: TRUST INFORMATION				Complete this section if you are naming a Trust as your beneficiary.	
Beneficiary Number	Percent %	Official Name of Trust	Tax ID Number		
1	100	Mary Jo Smith Trust	-		
Contact Person for Trust		Telephone Number of Contact			
Johnny D. Wayne		(209) 555-1234			
Member's Signature (Required)			Date		

*Use the language your attorney has given you when naming the Trust and include the tax identification number if applicable. Remember if your beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a Trust.*



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## StanCERA BENEFICIARY DESIGNATION

### REQUIRED SIGNATURE(S) (page 2)

If you are not naming your Spouse / Registered Partner as your primary beneficiary ( #1, 100%) you must have your spouse/registered partner sign the form acknowledging and consenting to this action (Section 4). If they will not or cannot consent, you may complete Section 5.

Section 4: REQUIRED SIGNATURE(S) IF NOT NAMING SPOUSE/REGISTERED PARTNER AS BENEFICIARY #1 ASSIGNED 100%	
I acknowledge and consent to this beneficiary designation. I further understand that if Beneficiary 1 is other than myself and has been named in Section 2 that I am waiving any survivor benefits to which I may become eligible to receive from StanCERA.	
Spouse/Registered Domestic Partner Signature: _____	Date: _____
<b>Option 1: Witnessed by StanCERA Representative</b>	
Signature of spouse/registered domestic partner witnessed this _____ day of _____, 20____.	
StanCERA Representative: _____	
<b>Option 2: Witnessed by Notary Public</b>	
BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Spouse / Registered Domestic Partner Consent as a free and voluntary act.	
IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.	
(SEAL)	Notary Public: _____
	Commission Expires: _____
<b>STOP – THIS SECTION TO BE COMPLETED ONLY IF YOU ARE MARRIED/REGISTERED AND YOUR SPOUSE/PARTNER DOES NOT CONSENT TO YOUR DESIGNATION.</b>	
Section 5: MEMBER'S STATEMENT – NO SPOUSE/REGISTERED DOMESTIC PARTNER CONSENT	
Beneficiary information will not be accepted without your signature. California Government Code §31760.3 requires notification to the current spouse/partner of the election you have made regarding your StanCERA account. If you are married or in a registered domestic partnership, your spouse/partner's signature is required in (Section 4) as notification of your change of beneficiary designation. <b>SPOUSE/REGISTERED DOMESTIC PARTNER'S SIGNATURE IS REQUIRED</b> unless you declare, under penalty of perjury, the reason by checking one of the statements below. This new designation cancels all previous designations.	
Member's statement. (necessary only if spouse/registered domestic partner signature is not included or applicable) I declare under penalty of perjury that a spouse/registered domestic partner signature is not included for the following reason:	
<input type="checkbox"/> The member is not married/registered.	
<input type="checkbox"/> The current spouse/registered domestic partner has no identifiable community property interest in the benefit.	
<input type="checkbox"/> The member does not know, and has taken all reasonable steps to determine, the whereabouts of the current spouse/registered domestic partner.	
<input type="checkbox"/> The current spouse/registered domestic partner has been advised of the application and has refused to sign the written acknowledgment.	
<input type="checkbox"/> The current spouse/registered domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical conditions.	
<input type="checkbox"/> The member and the current spouse/registered domestic partner have executed a marriage/partnership settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the family Code, which makes the community property law inapplicable to the marriage/partnership. <b>(Copy of Dissolution of Marriage/Partnership accompanied by settlement must be attached.)</b>	
Member's Signature (Required)	Date

*The rights and claims of your eligible surviving spouse/registered domestic partner and/or surviving minor children may be superior to and supersede the rights and claims of any other beneficiary.*

**For further information, call StanCERA at 209 525-6393 or visit [www.stancera.org](http://www.stancera.org)**