



STANISLAUS COUNTY
 EMPLOYEES' RETIREMENT ASSOCIATION
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WRITTEN NOMINATION OF BENEFICIARY (FOR THE \$5,000 RETIREE DEATH BENEFIT†)

Retiree Name: _____
 (Please print or Type)

Retiree ID: _____
 (Social Security Number)

I hereby nominate the below-named beneficiary to receive the \$5,000 benefit payable at the time of my death and upon receipt of a copy of my death certificate.

I also acknowledge that any amounts owed to Stanislaus County Employees' Retirement Association upon my death, which are not recoverable, will be deducted from this death benefit.

- In cases of reciprocity, if the retiree was last with another system, the benefit will be paid by the last system.
- One death benefit is paid and applies to the original retiree only.

This revokes any and all previous beneficiaries for this benefit.

BENEFICIARY INFORMATION		
Name	Relationship	
Mailing address	Social Security Number	
City, State, Zip	Date of Birth	Sex
RETIREE	WITNESS	
Signature	Signature	
Date	Print/Type Witness Name	

† (Pursuant to Government code Section §31789.5 as approved by the Board of Supervisors on September 29, 1998 and funded by the Board of Retirement on September 9, 1998 to be effective January 1, 1999).