



### BENEFICIARY DESIGNATION

*In the event of the payment of benefits upon the member's death in accordance with the 1937 Act.*

Section 1: MEMBER INFORMATION		Please check one: <input type="checkbox"/> Active <input type="checkbox"/> Deferred			
<input type="checkbox"/> Male	First Name	MI	Last Name		Social Security Number
<input type="checkbox"/> Female	Street Address				
Birth Date	City	State	Zip	Telephone Number	
Marital Status	Employer	Department		Title	

In accordance with the provisions of the County Employees' Retirement Act of 1937, I hereby revoke the nomination of my present beneficiary and all previously named beneficiaries and hereby nominate as my beneficiary, to receive any benefits payable under Article 12, Sections 31780 through 31782 of said Act in the event of my death prior to retirement, the following person(s):

**Note: If you are not naming your spouse/registered domestic partner as beneficiary #1 assigned 100%, your spouse's/partner's signature is required on the reverse side of this form and must be witnessed by either a StanCERA staff member or a notary.**

Section 2: BENEFICIARY INFORMATION		TOTAL PERCENT:						
Beneficiary Number <b>1</b>	<input type="checkbox"/> Male	First Name	MI	Last Name		Social Security Number		
	<input type="checkbox"/> Female	Street Address						
Percent %	Relationship	City				State	Zip	Telephone Number
	Birth Date	City				State	Zip	Telephone Number
Beneficiary Number ___	<input type="checkbox"/> Male	First Name	MI	Last Name		Social Security Number		
	<input type="checkbox"/> Female	Street Address						
Percent %	Relationship	City				State	Zip	Telephone Number
	Birth Date	City				State	Zip	Telephone Number
Beneficiary Number ___	<input type="checkbox"/> Male	First Name	MI	Last Name		Social Security Number		
	<input type="checkbox"/> Female	Street Address						
Percent %	Relationship	City				State	Zip	Telephone Number
	Birth Date	City				State	Zip	Telephone Number
Beneficiary Number ___	<input type="checkbox"/> Male	First Name	MI	Last Name		Social Security Number		
	<input type="checkbox"/> Female	Street Address						
Percent %	Relationship	City				State	Zip	Telephone Number
	Birth Date	City				State	Zip	Telephone Number

<b>Member's Signature (Required)</b>	<b>Date</b>
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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.**

## 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
Contact Person for Trust		Telephone Number of Contact	
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.

Section 4: REQUIRED SIGNATURE(S) IF NOT NAMING SPOUSE/REGISTERED PARTNER AS BENEFICIARY #1 ASSIGNED 100%
<p>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 <b>waiving</b> any survivor benefits to which I may become eligible to receive from StanCERA.</p> <p>Spouse/Registered Domestic Partner Signature: _____ Date: _____</p> <p><b>Option 1: Witnessed by StanCERA Representative</b></p> <p>Signature of spouse/registered domestic partner witnessed this _____ day of _____, 20____.</p> <p>StanCERA Representative: _____</p> <p><b>Option 2: Witnessed by Notary Public</b></p> <p>BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Spouse / Registered Domestic Partner Consent as a free and voluntary act.</p> <p>IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.</p> <p>(SEAL) Notary Public: _____</p> <p>Commission Expires: _____</p>

**STOP – THIS SECTION TO BE COMPLETED ONLY IF YOU ARE MARRIED/REGISTERED AND YOUR SPOUSE/PARTNER DOES NOT CONSENT TO YOUR DESIGNATION.**

**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. **SPOUSE/REGISTERED DOMESTIC PARTNER'S SIGNATURE IS REQUIRED** 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:

- The member is not married/registered.
- The current spouse/registered domestic partner has no identifiable community property interest in the benefit.
- The member does not know, and has taken all reasonable steps to determine, the whereabouts of the current spouse/registered domestic partner.
- The current spouse/registered domestic partner has been advised of the application and has refused to sign the written acknowledgment.
- The current spouse/registered domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical conditions.
- 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. **(Copy of Dissolution of Marriage/Partnership accompanied by settlement must be attached.)**

Member's Signature (Required)	Date
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