



STANISLAUS COUNTY
 EMPLOYEES' RETIREMENT ASSOCIATION
 832 12th Street, Suite 600
 Modesto, CA 95354
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**WRITTEN NOMINATION OF BENEFICIARY
 (FOR THE \$5,000 RETIREE DEATH BENEFIT)[†]**

RETIREE INFORMATION

| | | | |
|--|------------|------------------------|---|
| NAME OF RETIREE | | SOCIAL SECURITY NUMBER | |
| RETIREE MAILING ADDRESS | | | NEW ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| CITY | STATE | ZIP CODE | |
| RETIREE STREET ADDRESS (if different than mailing address) | | | |
| E-MAIL ADDRESS | HOME PHONE | CELL PHONE | |

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 photocopy 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 death 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. _____ OF _____

BENEFICIARY INFORMATION

| | | | |
|-----------------|---------------|-------------------------|--|
| NAME | RELATIONSHIP | SOCIAL SECURITY NUMBER | |
| MAILING ADDRESS | | | |
| CITY | STATE | ZIP | |
| EMAIL ADDRESS | DATE OF BIRTH | SEX (CIRCLE ONE) F M | |
| HOME PHONE | CELL PHONE | PERCENTAGE (%) | |

RETIREE

WITNESS (Other than beneficiary)

| | |
|-----------|-------------------------|
| 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).

Staff Use Only: Entered by: _____

Date: _____