

Beneficiary Designation

Type or print in ink.

SECTION 1: MEMBER INFORMATION					
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:			CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:			
MARITAL STATUS:	EMPLOYER:	DEPARTMENT:			

SECTION 2: BENEFICIARY INFORMATION					
PRIMARY BENEFICIARY					
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:
BENEFICIARY #2		PRIMARY	CONTINGENT		
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:
BENEFICIARY #3		PRIMARY	CONTINGENT		
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:
BENEFICIARY #4		PRIMARY	CONTINGENT		
FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:



SECTION 3: TRUST INFORMATION

BENEFIT PERCENT:	OFFICIAL NAME OF TRUST:	TAX ID NUMBER:
	TRUST CONTACT:	CONTACT PHONE:

SECTION 4: REQUIRED IF NOT NAMING SPOUSE/REGISTERED PARTNER AS 100% PRIMARY BENEFICIARY

I acknowledge and consent to this beneficiary designation. I further understand that if a Primary Beneficiary other than myself has been named in Section 2, that I may be waiving any survivor benefits to which I may become eligible to receive from StanCERA.

Spouse/Domestic

Partner Signature: _____ **Printed Name:** _____ **Date:** _____

Option 1: Witnessed by StanCERA Representative

Signature of spouse/registered domestic partner witnessed this _____ day of _____, 20 ____ .

StanCERA Representative: _____

Option 2: Witnessed by Notary Public – Attach separate acknowledgement certificate

THIS SECTION IS TO BE COMPLETED IF YOU ARE MARRIED/REGISTERED AND SPOUSE/PARTNER DOES NOT CONSENT TO DESIGNATION

SECTION 5: MEMBER'S STATEMENT – NO SPOUSE/REGISTERED DOMESTIC PARTNER CONSENT

California Government Code Section 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 unless you declare under penalty of perjury, the reason by checking one of the statements below.

I declare under penalty of perjury that my spouse/registered domestic partner signature is not included for the following reason:

- Member is not married/registered.
- Current spouse/registered domestic partner has no identifiable community property interest in the benefit. (Provide supporting documentation.)
- Member does not know, and has taken all reasonable steps to determine, whereabouts of current spouse/registered domestic partner.
- Current spouse/registered domestic partner has been advised of the application and has refused to sign the written acknowledgment.
- Current spouse/registered domestic partner is incapable of executing the acknowledgement due to incapacitating mental or physical conditions.
- Member and current spouse/registered domestic partner have executed a marriage 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 provided.)

SECTION 6: MEMBER'S SIGNATURE

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 those named above in Section 2 and/or Section 3 as my beneficiary(ies), to receive any benefits payable under Article 12, Sections 31780 through 31782 of said Act in the event prior to my retirement.

Member Signature: _____ **Printed Name:** _____ **Date:** _____