

Beneficiary Designation

Type or print in ink.

SECTION 1: MEMBER INFORMATION						
FIRST NAME:	MI:	LAST NAME:	SEX:	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						
BENEFICIARY #1						
FIRST NAME:	MI:	LAST NAME:	SEX:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:			CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:	
	<div style="display: flex; justify-content: space-between;"> BENEFICIARY #2 PRIMARY CONTINGENT </div>					
FIRST NAME:	MI:	LAST NAME:	SEX:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:			CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:	
	<div style="display: flex; justify-content: space-between;"> BENEFICIARY #3 PRIMARY CONTINGENT </div>					
FIRST NAME:	MI:	LAST NAME:	SEX:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
BENEFIT PERCENT:	MAILING ADDRESS:			CITY:	STATE:	ZIP CODE:
	HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:		RELATIONSHIP:	
	<div style="display: flex; justify-content: space-between;"> BENEFICIARY #4 PRIMARY CONTINGENT </div>					
FIRST NAME:	MI:	LAST NAME:	SEX:	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% BENEFICIARY

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 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.
- 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 acknowledgement.
- 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 3: REQUIRED SIGNATURES

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 the above as my beneficiary, 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:** _____