Active or Deferred Member Beneficiary Designation

This form is used to designate your beneficiary(ies) for any retirement benefits payable in the event of your death. If you are married, have a California State registered domestic partner or have a minor child(ren), your spouse/registered domestic partner/minor child(ren) will be entitled to any and all death benefits payable under Government Code §31781.1, regardless of who you designate as beneficiary.

Part I. Member Information

Member Name _____ Birth Date _____

Social Security Number _____ Phone Number _____ Email Address _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Marital Status: ◯ Single ◯ Married/RDP ◯ Divorced/Separated ◯ Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who will receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets. Benefit percentages for all primary beneficiaries must add up to 100%, using whole numbers only (e.g., 33%, not 33.3%).

Primary Beneficiary Name _____ Relationship _____ Percent of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name _____ Relationship _____ Percent of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name _____ Relationship _____ Percent of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date _____ Social Security Number/Tax Id _____ Phone Number _____

Member Name: _____ Social Security Number: _____

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets. Benefit percentages for all alternate beneficiaries must add up to 100%, using whole numbers only (e.g., 33%, not 33.3%).

Alternate Beneficiary Name | Relationship | Percent of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date | Social Security Number/Tax Id | Phone Number

Alternate Beneficiary Name | Relationship | Percent of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date | Social Security Number/Tax Id | Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name

Member Signature | Date

Part V. Spousal or Registered Domestic Partner Acknowledgment

Either Section A or Section B below **MUST** be completed and signed, or the form will be rejected and returned to you.

SECTION A: Signature of Member's Spouse or Registered Domestic Partner

I am the spouse or state of California registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be a "consent," "waiver," or "transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or registered domestic partner.

Print Spouse/Registered Domestic Partner Name

Spouse/Registered Domestic Partner Signature | Date

Member Name: _____ Social Security Number: _____

SECTION B: Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

I declare under penalty of perjury under the laws of the state of California that (please select one of the following:

- ◯ I am not married.
- ◯ My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.
- ◯ I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.
- ◯ My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.
- ◯ My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.
- ◯ My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

_____
Print Member Name

_____ _____
Member Signature Date