Burial Benefit Beneficiary Designation

The beneficiary(ies) listed on this form will receive a $1,000 burial benefit payable upon your death and upon receipt of a certified copy of your death certificate. In cases of reciprocity, the burial benefit will be paid by the last retirement system subject to Government Code Section 31789.

Part I. Member Information

Member Name _____ Birth Date _____

Social Security Number _____ Phone Number _____ Email Address _____

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

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 you nominate a trust, please provide all trust documents. 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