

# Designation of Beneficiary Form

## Public Agency Retirement System (PARS)

### Instructions:

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections. Section 1 must be completed, see rules below regarding section 2 of this form and return it to:

**City of San Rafael, Human Resources  
1400 Fifth Avenue, Room 210, San Rafael, CA 94915-1560**

### Rules for Designation of Beneficiary:

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change you Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits, which become due will be paid in accordance with the Plan Document.
4. In order to comply with federal law, the plan requires that if you are married, your surviving spouse will be your sole primary beneficiary, unless your spouse waives the right.
5. If you wish to designate a person or persons other than your spouse or in addition to your spouse, you must obtain the notarized consent of your spouse in writing on this form by completing Section 2. Failure to obtain your spouse's consent in these instances will render the designation invalid. Any consent by a spouse applies only to that spouse and not any future spouse. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse's consent must be obtained.
6. If the location of your spouse is unknown, you must attach to this form a notarized statement stating that you spouse cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.

I have read and understand these rules.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

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### Section 1: Designating a Beneficiary

Participant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Participant Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Section 2: Spousal Consent

I hereby consent to the above beneficiary designation of my spouse, a participants in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Spouse's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Date \_\_\_\_\_