



### BENEFICIARY CHANGE

(PLEASE PRINT)

SSN: \_\_\_\_\_ EMPLOYEE ID NO.: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST

BENEFICIARY TO BE REVOKED: \_\_\_\_\_  
NAME

REVOKED BENEFICIARY'S  
RELATIONSHIP TO MEMBER: \_\_\_\_\_  
RELATIONSHIP

**NOTE:** If you are revoking a spouse or domestic partner as a result of divorce, dissolution, or death, please provide a copy of applicable divorce or dissolution records or a death certificate.

BENEFICIARY TO BE NOMINATED IN LIEU OF ABOVE:

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

I wish to designate additional beneficiaries. Please see page three (3) for additional information.

**I have completed and enclosed the Spousal or Domestic Partner Acknowledgement on page two (2). THIS ACKNOWLEDGEMENT MUST BE COMPLETED AND SIGNED OR THIS FORM WILL BE REJECTED AND RETURNED.**

In accordance with the provisions of the County Employees' Retirement Act of 1937, I hereby Nominate the above and/or attached beneficiary/beneficiaries to receive any benefits payable under said Act in the event of my death.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTARIZATION IS REQUIRED UNLESS COMPLETED IN THE PRESENCE OF MCERA STAFF  
SEE PAGE FOUR (4) FOR NOTARIAL ACKNOWLEDGEMENT**

**TO BE COMPLETED BY MCERA STAFF MEMBER**

STAFF NAME \_\_\_\_\_ STAFF TITLE \_\_\_\_\_ DATE \_\_\_\_\_



## SPOUSAL OR DOMESTIC PARTNER ACKNOWLEDGEMENT

**ONE OF THE FOLLOWING TWO SECTIONS MUST BE COMPLETED**

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

I am the spouse or state registered domestic partner of the MCERA member who is submitting this beneficiary designation form. 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 "consent," "waiver," or "a transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or state registered domestic partner.\*

Name of Spouse or State Registered Domestic Partner: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR STATE REGISTERED  
DOMESTIC PARTNER

\_\_\_\_\_  
DATE

\* See California Probate Code Sec. 140, et seq.; California Probate Code Sec. 5021, et seq.; California Family Code Sec. 850, et seq.

### SECTION B: Declaration of Reason for Absence of Spouse's or Domestic Partner's Signature

I declare under penalty of perjury under the laws of the State of California that:

- I am not currently married or registered with the Secretary of State under a domestic partnership.
- My current spouse or domestic partner has no identifiable community property interest in any MCERA benefits earned through my employment.
- I do not know the whereabouts of my current spouse or domestic partner and I have taken all reasonable steps to determine his or her whereabouts.
- My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement.
- My current spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition.
- My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement pursuant to California Family Code §§1500-1620 that makes the community property law inapplicable to our marriage or domestic partnership.

**If a selection was made under Section B, you must provide the name of your spouse or domestic partner, if any.**

**My current spouse or domestic partner's name is \_\_\_\_\_.**

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE



## ADDITIONAL OPTIONAL BENEFICIARIES TO BE NOMINATED IN LIEU OF REVOKED BENEFICIARY ON PAGE ONE (1):

<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME _____	SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____	DATE OF BIRTH _____
CITY / STATE / ZIP _____	RELATIONSHIP TO MEMBER _____
TELEPHONE _____	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME _____	SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____	DATE OF BIRTH _____
CITY / STATE / ZIP _____	RELATIONSHIP TO MEMBER _____
TELEPHONE _____	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME _____	SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____	DATE OF BIRTH _____
CITY / STATE / ZIP _____	RELATIONSHIP TO MEMBER _____
TELEPHONE _____	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME _____	SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____	DATE OF BIRTH _____
CITY / STATE / ZIP _____	RELATIONSHIP TO MEMBER _____
TELEPHONE _____	

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)