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# Beneficiary Designation Form

Active, Deferred & Terminated Members

## Submit This Form:

Mail: 100 Marine Parkway, Suite 125  
Redwood City, CA 94065

Online: [www.mysamcera.gov](http://www.mysamcera.gov)

Fax: (650) 591-1488

## Instructions

**If you die before retirement**, your beneficiaries may be eligible for death and/or survivor benefits. Read the following information carefully then complete this form and return it to SamCERA.

**Make sure you understand the difference between “Primary” and “Contingent” beneficiary designations.** You should designate both your primary and contingent beneficiaries. The same person cannot be both.

- **Primary Beneficiary:** The person(s) or entity(ies) who would receive your benefit upon your death. Depending upon when you die, your surviving spouse, registered domestic partner\* or minor children may be eligible to receive a monthly benefit or a one-time lump sum payment. If you do not have a surviving spouse, registered domestic partner, or eligible minor child, any primary beneficiaries you name will receive a one-time lump sum benefit only. Entities are only eligible to receive a one-time lump sum payment and cannot receive a monthly benefit.
- **Contingent Beneficiary:** The person(s) or entity(ies) who would receive a one-time lump sum payment if all your primary beneficiaries die. Contingent beneficiaries are only eligible for a lump sum payment of the remaining contributions and interest in your account.

**You can list more than one person as a primary beneficiary and more than one person as a contingent beneficiary.** If you list more than one person in each of these categories, those individuals will share any benefit that is received. Because they will share the benefit, you must also indicate the percentage of the benefit that you would like each person to receive. The percentages within each designation must add up to 100%. If any of the listed beneficiaries predeceases you and you do not designate a new beneficiary, the percentage amount of the lump sum payment that was designated for that beneficiary category will be evenly distributed to the remaining beneficiaries in that beneficiary category.

**If you have a spouse, registered domestic partner, or eligible minor child**, their rights and claims to receive a monthly allowance may be superior to and supersede the rights of any other named beneficiary.

**If you do not have a spouse, registered domestic partner, or eligible minor child, and you die before retirement**, any beneficiaries you name will receive a **one-time lump sum payment only**. They will not be eligible to receive a monthly allowance.

**During your employment, it is important to keep your beneficiary designation current to reflect changes in your personal life.** For example, you may get married, divorced, or have children. As an active member, you may change your beneficiary designation until the date that you retire. After you retire, you may only change certain beneficiary designations for those persons who are to receive a one-time lump sum payment. If your beneficiaries are not living at the time of your death, or if you do not have a beneficiary designation at the time of your death, a lump sum payment of the contributions and interest in your account will be paid to your estate.

**At retirement, you will complete a new beneficiary form** and the survivor benefits will be paid in accordance with what retirement option you elect.

\*Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. (A County of San Mateo Affidavit of Domestic Partnership does not qualify.)

## Part 1 – Member Information

Is this a new enrollment or a change of beneficiary?       New     Change

*If you are making a change of beneficiary, this form cancels and replaces all prior applicable designations on file.*

Last Name	First Name	Middle Initial
Last Four Digits of SSN		

## Marital Status

**You must provide the name(s) of current and all former spouses and registered domestic partners in the space below.** Additionally, please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. *(State requirements for domestic partnership are different than those for a County of San Mateo Affidavit of Domestic Partnership.)*

**Marital Status (check all that apply)**

<input type="checkbox"/> Single (never married)		
<input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partnership (RDP)	Current Spouse's/Partner's Name	Date of Marriage/Date of Partnership
	# of Previous Marriages/RDP _____ (If one or more, complete section below)	
<input type="checkbox"/> Widowed	Former Spouse/Partner's Name	
	Date of Marriage/Partnership	Date of Spouse/Partner's Death
<input type="checkbox"/> Divorced/Terminated Registered Domestic Partnership	Former Spouse/Partner's Name	
	Date of Marriage/Partnership	Date of Divorce/Termination of Partnership
	Former Spouse/Partner's Name	
	Date of Marriage/Partnership	Date of Divorce/Termination of Partnership

**IMPORTANT: You must provide copies of any marriage licenses, declaration of domestic partnership, death certificates, or copies of applicable court orders for all individuals listed above.** SamCERA will not process this application without them.

## Part 2 – Designation of Beneficiary

Name your **Primary Beneficiary(ies)** according to the instructions on the first page of this form.

<b>Primary Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Benefit*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

<b>Primary Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Benefit*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

<b>Primary Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Benefit*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

% of Benefit Total*
100%

*\*Note: If you name more than one person, you must indicate what percentage of the benefit each individual is to receive. The numbers you have written in the “% of Benefit” boxes must add up to 100%. If you do not indicate a percentage, the benefit(s) will be divided into equal parts.*

Name your **Contingent Beneficiary(ies)** according to the instructions on the first page of this form.

<b>Contingent Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Lump Sum Payment*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

<b>Contingent Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Lump Sum Payment*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

<b>Contingent Beneficiary</b>	Last Name	First Name	Middle Initial
Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Undeclared	Date of Birth	Social Security Number	
% of Lump Sum Payment*	Relationship (check one) <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

% of Payment Total\*  
**100%**

*\*Note: If you name more than one beneficiary, you must indicate what percentage of the payment each beneficiary is to receive. The numbers you have written in the “% of Payment” boxes must add up to 100%. If you do not indicate a percentage, the payment(s) will be divided into equal parts.*

If you are naming a trust or charity as a beneficiary, complete the following section. *Trusts and charities are eligible for a one-time lump sum payment only.*

Trust  Charity  Please attach a copy of your trust documents.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name of Trust or Charity	Federal Tax ID Number (for Charity)	
	% of Lump Sum Payment*	Name of Trust Administrator	Phone Number
	Address		
	City	State	Zip Code

**Part 3 – Sworn Statement**

I hereby designate the person(s) and/or entity(ies) entered in the Designation of Beneficiary section of this form as beneficiary(ies) to my retirement account. I have read and understand the instructions on page one of this form, and I understand that this election revokes any previous applicable beneficiary designation. I declare under penalty of perjury that the information on this form is true and correct.

Member Signature ( <i>print this form and sign</i> )	Date
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**Notification of Spouse/Registered Domestic Partner\***

*This section must be signed by member’s spouse/registered domestic partner.*

California Government Code section §31760.3 requires that the current spouse/registered domestic partner be notified of the selection of benefits or change of beneficiary made by a member.

I, \_\_\_\_\_, acknowledge my spouse’s/registered domestic partner’s request for a selection or change in beneficiary designation.

Spouse or Registered Domestic Partner Signature ( <i>print this form and sign</i> )	Date
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\*Please note that for the purpose of spousal benefits, domestic partnerships must be registered with the California Secretary of State. (A County of San Mateo Affidavit of Domestic Partnership does not qualify.)