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Beneficiary Designation Form

Retired Members

Submit This Form:

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

Online: www.mysamcera.gov

Fax: (650) 591-1488

Instructions

As a retired member, you **cannot** change the primary beneficiary who was designated at retirement to receive a continuance of your monthly benefit. You may only change beneficiary designations for those beneficiaries (persons or entities) who are eligible to receive a one-time lump sum payment. If during retirement, you have gotten a divorce or terminated a registered domestic partnership*, contact SamCERA for instructions regarding changing your beneficiary.

Information regarding the retirement options and changing a beneficiary can be found on our website www.samcera.gov, or call us at: (650) 599-1234, or Toll-Free: (800) 339-0761. Before completing this form:

- Make sure you understand the specific provisions of the retirement option you chose at retirement.
- Make sure you understand that changing your beneficiary designation may affect the amount of money your beneficiary(ies) receive when you die.
- Make sure you understand the difference between “primary” and “contingent” beneficiary designations.

Primary Beneficiary: The person(s) or entity(ies) who would receive your benefit upon your death. An entity can receive a lump sum payment only. As a retired member, you can only change your primary beneficiary if you selected an option that provides your primary beneficiary with a one-time lump sum payment. You cannot change your primary beneficiary if you selected an option that provides for a monthly continuance.

Contingent Beneficiary: The person(s) or entity(ies) who would receive a one-time lump sum payment if all your primary beneficiaries die before you. Contingent beneficiaries can be changed because they are only eligible for a one-time lump sum payment of *any remaining contributions and interest in your account*.

If you listed more than one person in either of these beneficiary categories, remember to relist all the beneficiaries that you are designating in each beneficiary category that you are changing. **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 or payment that is issued. Because they will share the benefit/payment, you must also indicate the percentage 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.

Note: The information provided on this form will replace the current designations that you have on file in your account. If any of the beneficiary categories are left blank, your account will be updated to remove any existing beneficiaries in that category.

After SamCERA reviews your completed form and verifies your retirement option, your beneficiary designation will be changed.

If you have a spouse, registered domestic partner, or eligible minor child, their rights may be superior to and supersede the rights of any other beneficiary even if you do not list such spouse, registered domestic partner, or eligible minor child as beneficiaries.

*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.*)

Member Information

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.

Change of Beneficiary for Retirees

If you would like to change your **Primary Beneficiary(ies)**, be sure to read the information on www.samcera.gov, or call SamCERA to find out if you can make the change. **You can only change primary beneficiaries who are eligible to receive a one-time lump sum payment consisting of the balance, if any, of your accumulated contributions and interest.** If approved by SamCERA, this portion of the form will cancel and replace all prior primary beneficiary designations on file.

Primary Beneficiary	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		

Primary Beneficiary	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		

Primary Beneficiary	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 Lump Sum Payment Total* <b style="font-size: 1.2em;">100%

**Note: make sure that the numbers you have written in the "% of Lump Sum Payment" boxes add up to 100%*

Name your **Contingent Beneficiary(ies)** according to the instructions on the first page of this form. The persons listed below will only be eligible to receive a one-time lump sum payment consisting of the balance, if any, of your accumulated contributions and interest if all of your primary beneficiaries die before you. If approved by SamCERA, this portion of the form will cancel and replace all prior contingent beneficiary designations on file.

Contingent Beneficiary	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		

Contingent Beneficiary	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		

Contingent Beneficiary	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 Lump Sum Payment Total* 100%

**Note: make sure that the numbers you have written in the “% of Lump Sum Payment” boxes add up to 100%*

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. This will replace the applicable prior designation that is on file.*

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 entities entered in the Designation of Beneficiary section of this form as beneficiary 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 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.*)