Stanislaus County Employees' Retirement Association

## Beneficiary Designation

Type or print in ink.

| FIRST NAME: |  | MI: | LAST NAME: |  | DATE OF BIRTH: | SOCIAL SECURITY NUMBER: |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MAILING ADDRESS: ${ }^{\text {CITY: }}$ |  |  |  |  |  | STATE: | ZIP CODE: |
| HOME PHONE: | CELL PHONE: ${ }^{\text {EMAIL ADDRESS: }}$ |  |  |  |  |  |  |
| MARITAL STATUS: $\quad$ EMPLOYER: |  |  |  | DEPARTMENT: |  |  |  |

SECTION 2: BENEFICIARY INFORMATION


## SECTION 3: TRUST INFORMATION

| BENEFIT PERCENT: | OFFICIAL NAME OF TRUST: | TAX ID NUMBER: |
| :--- | :--- | :--- |
|  | TRUST CONTACT: | CONTACT PHONE: |

## SECTION 4: REQUIRED IF NOT NAMING SPOUSE/REGISTERED PARTNER AS 100\% PRIMARY BENEFICIARY

I acknowledge and consent to this beneficiary designation. I further understand that if a Primary Beneficiary other than myself has been named in Section 2, that I may be waiving any survivor benefits to which I may become eligible to receive from StanCERA.

## Spouse/Domestic

Partner Signature: $\qquad$ Printed Name:
Date:

Option 1: Witnessed by StanCERA Representative

Signature of spouse/registered domestic partner witnessed this $\qquad$ day of $\qquad$ , 20 $\qquad$ .

StanCERA Representative:

Option 2: Witnessed by Notary Public - Attach separate acknowledgement certificate

## THIS SECTION IS TO BE COMPLETED IF YOU ARE MARRIED/REGISTERED AND SPOUSE/PARTNER DOES NOT CONSENT TO DESIGNATION

## SECTION 5: MEMBER'S STATEMENT - NO SPOUSE/REGISTERED DOMESTIC PARTNER CONSENT

California Government Code Section 31760.3 requires notification to the current spouse/partner of the election you have made regarding your StanCERA account. If you are married or in a registered domestic partnership, your spouse/partner's signature is required in Section 4 as notification of your change of beneficiary designation unless you declare under penalty of perjury, the reason by checking one of the statements below.

I declare under penalty of perjury that my spouse/registered domestic partner signature is not included for the following reason:
$\square$ Member is not married/registered.
$\square$ Current spouse/registered domestic partner has no identifiable community property interest in the benefit. (Provide supporting documentation.)
$\square$ Member does not know, and has taken all reasonable steps to determine, whereabouts of current spouse/registered domestic partner.
$\square$ Current spouse/registered domestic partner has been advised of the application and has refused to sign the written acknowledgment.
$\square$ Current spouse/registered domestic partner is incapable of executing the acknowledgement due to incapacitating mental or physical conditions.
$\square$ Member and current spouse/registered domestic partner have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code, which makes the community property law inapplicable to the marriage/partnership. (Copy of Dissolution of Marriage/Partnership accompanied by settlement must be provided.)

## SECTION 6: MEMBER'S SIGNATURE

In accordance with the provisions of the County Employees' Retirement Act of 1937, I hereby revoke the nomination of my present beneficiary and all previously named beneficiaries and hereby nominate those named above in Section 2 and/or Section 3 as my beneficiary(ies), to receive any benefits payable under Article 12, Sections 31780 through 31782 of said Act in the event prior to my retirement.

