

Beneficiary Designation

Type or print in ink.

SECTION 1: ME	MBER I	NFOF	RMA	ΓΙΟΝ							
FIRST NAME:			MI:	LAST NAME:					DATE OF BIRTH:	SOCIAL S	ECURITY NUMBER:
MAILING ADDRESS:			•					CITY:		STATE:	ZIP CODE:
HOME PHONE: CELL PHONE:				EMAIL ADDRESS:							
MARITAL STATUS:		EMPL	OYER	:			DEPA	RTMENT	:		
SECTION 2: BE	NEFICIA	ARY I	NFO	RMATION							
PRIMARY BENEFIC	CIARY									_	
FIRST NAME:			MI:	LAST NAME:					DATE OF BIRTH:	SOCIAL S	ECURITY NUMBER:
BENEFIT PERCENT:	MAILING	ADDRE	ESS:					CITY:		STATE:	ZIP CODE:
	HOME PHONE:			CELL PHONE:	E-	-MAIL	ADDRE	SS:		RELATION	NSHIP:
BENFICIARY #2	1	PRIMA	IRY	CON	ITINGE	ENT					
FIRST NAME:			MI:	LAST NAME:					DATE OF BIRTH:	SOCIAL S	ECURITY NUMBER:
BENEFIT PERCENT:	MAILING	ADDRE	ESS:					CITY:		STATE:	ZIP CODE:
	HOME PH	IONE:		CELL PHONE: E-MAIL AD			ADDRE	SS:		RELATIONSHIP:	
BENFICIARY #3	,	PRIMA	IRY	CON	ITINGE	ENT					
FIRST NAME:			MI:	LAST NAME:					DATE OF BIRTH:	SOCIAL S	ECURITY NUMBER:
BENEFIT PERCENT:	MAILING	ADDRE	ESS:					CITY:		STATE:	ZIP CODE:
	HOME PHONE:			CELL PHONE: E-MAIL AD			ADDRE	ADDRESS:		RELATIONSHIP:	
BENFICIARY #4 PRIMARY			CONTINGENT								
FIRST NAME:	MI:		LAST NAME:				DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		
BENEFIT PERCENT:	MAILING	ADDRE	ESS:					CITY:		STATE:	ZIP CODE:
	HOME PHONE:			CELL PHONE: E-MAIL			ADDRESS:			RELATIONSHIP:	
	,,,_,										
	1									1	



SE	CTION 3: TR	UST INFORMATION					
BEN	EFIT PERCENT:	OFFICIAL NAME OF TRUST:		TAX ID NUMBER:			
		TRUST CONTACT:		CONTACT PHONE:			
SE	CTION 4: REC	QUIRED IF NOT NAMING	G SPOUSE/REGISTERED PAR	RTNER AS 100% PRIMARY BENEFICIARY			
				nd that if a Primary Beneficiary other than myself			
has				hich I may become eligible to receive from			
	use/Domestic						
Par	tner Signature:		Printed Name:	Date:			
	Option	1: Witnessed by StanCERA	A Representative				
	Signa	ure of spouse/registered don	nestic partner witnessed this	day of , 20			
			StanCERA Representative:				
	Option	2: Witnessed by Notary Pub	olic – Attach separate acknowledgem	nent certificate			
THIS SECTION IS TO BE COMPLETED IF YOU ARE MARRIED/REGISTERED AND SPOUSE/PARTNER DOES NOT CONSENT TO DESIGNATION							
SE	CTION 5: ME	MBER'S STATEMENT	- NO SPOUSE/REGISTERE	D DOMESTIC PARTNER CONSENT			
rega is re	arding your Star equired in Section	nCERA account. If you are	e married or in a registered dome change of beneficiary designation	ent spouse/partner of the election you have made estic partnership, your spouse/partner's signature on unless you declare under penalty of perjury, the			
	l declare under p	enalty of perjury that my spo	use/registered domestic partner sign	ature is not included for the following reason:			
	Member is not	married/registered.					
	☐ Current spouse/registered domestic partner has no identifiable community property interest in the benefit. (Provide supporting documentation.)						
	Member does r	ot know, and has taken all r	easonable steps to determine, where	eabouts of current spouse/registered domestic partner.			
	Current spouse	/registered domestic partner	has been advised of the application	and has refused to sign the written acknowledgment.			
	Current spouse conditions.	/registered domestic partner	is incapable of executing the ackno	wledgement due to incapacitating mental or physical			
	(commencing v	vith Section 1500) of Division		age settlement agreement pursuant to Part 5 the community property law inapplicable to the ed by settlement must be provided.)			
SE	CTION 6: ME	MBER'S SIGNATURE					
pres Sec	sent beneficiary tion 3 as my b	and all previously name	ed beneficiaries and hereby no	ct of 1937, I hereby revoke the nomination of my ominate those named above in Section 2 and/or rticle 12, Sections 31780 through 31782 of said			
Mer	nber Signature:		Printed Name:	Date:			