

ALTERNATE BENEFICIARY DESIGNATION

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

This form is used to designate an alternate beneficiary(ies) for any retirement benefits payable in the event of your death. You may designate any person, persons or estate. The primary beneficiary(ies), if living, will receive the benefits. If the primary beneficiary(ies) is deceased the alternate beneficiary(ies) will receive any remaining benefit payments and/or the balance of your accumulated contributions, if applicable. If you name more than one alternate beneficiary and any of them predecease you, please be sure to update your designation. If you do not submit a new designation, SCERA will pay out benefits according to the percent listed with the portion attributable to the deceased beneficiary being split evenly between the remaining persons.

This form must be typed or completed in black or blue ink. To correct a clerical error, line through the incorrect information and initial the change. Forms will be returned if changes are made using "white-out." Changes to beneficiary, estate, trust, or charity names are not considered clerical; if you make an error to either of these areas a new form must be completed.

MEMBER INFORMATION:			
Social Security Number	Last Name	First Name	Middle Name

Pursuant to the provisions of California's County Employees' Retirement Law of 1937, **I hereby revoke any existing alternate beneficiary(ies) designations and designate the following as my alternate beneficiary(ies)** for applicable *SCERA* death benefits, effective as of the date this form is signed:

MY ALTERNATE BENEFICIARY IS: ☐ Person (complete section 1 below)
☐ Estate, Trust or Charity (complete section 2 below)

SECTION 1			
If you name more than one Alternate Beneficiary, check this box and list the additional required information on page 2 of this form. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. ☐ Page 2			
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit

SECTION 2		
If you name more than one Alternate Beneficiary, check this box and list the additional required information on page 2 of this form. Include the percentage to be distributed to each beneficiary and be sure the total adds up to 100%. ☐ Page 2		
☐ ESTATE ☐ TRUST ☐ CHARITY	Name of Estate, Trust or Charity	% of Benefit
Federal Tax ID Number (required)	Name of Estate Executor, Trust Administrator or Charity Contact	Telephone Number

SWORN STATEMENT

I swear under penalty of perjury that the information on this form is true and correct.

Member Signature	Date
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MEMBER INFORMATION:		
Last Name	First Name	Middle Name

DESIGNATION OF MULTIPLE ALTERNATE BENEFICIARIES

PERSON

Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit
Social Security Number	Last Name	First Name	Middle Name
Relationship	Gender	Date of Birth	% of Benefit

ESTATE, TRUST OR CHARITY

☐ ESTATE ☐ TRUST ☐ CHARITY	Name of Estate, Trust or Charity	% of Benefit
Federal Tax ID Number (required)	Name of Estate Executor, Trust Administrator or Charity Contact	Telephone Number
☐ ESTATE ☐ TRUST ☐ CHARITY	Name of Estate, Trust or Charity	% of Benefit
Federal Tax ID Number(required)	Name of Estate Executor, Trust Administrator or Charity Contact	Telephone Number
☐ ESTATE ☐ TRUST ☐ CHARITY	Name of Estate, Trust or Charity	% of Benefit
Federal Tax ID Number(required)	Name of Estate Executor, Trust Administrator or Charity Contact	Telephone Number