

Burial Benefit Beneficiary Designation

The beneficiary(ies) listed on this form will receive a \$1,000 burial benefit payable upon your death and upon receipt of a certified copy of your death certificate. In cases of reciprocity, the burial benefit will be paid by the last retirement system subject to Government Code Section 31789.

Part I. Member Information

Member Name Birth Date

Social Security Number Phone Number Email Address

Street Address/PO Box City State Zip Code

Marital Status: Single Married Divorced/Separated Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who will receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Primary Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Member Name:

Social Security Number:

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Alternate Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Alternate Beneficiary Name Relationship % of Benefit

Street Address/PO Box City State Zip Code

Birth Date Social Security Number/Tax Id Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name

Member Signature

Date