

Continuance or DRO Beneficiary Designation

This form is used to designate a beneficiary(ies) for recipients receiving a continuance of benefits from a deceased member or as a result of a domestic relations order (DRO). The beneficiary(ies) listed on this form may be eligible to receive a lump-sum payment of any remaining retirement contributions and interest on account *or* the final benefit payment owed to the continuance or DRO recipient.

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/RDP 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 may 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

Part V. Spousal or Registered Domestic Partner Acknowledgment

Either Section A or Section B below **MUST** be completed and signed, or the form will be rejected and returned to you.

SECTION A: Signature of Member's Spouse or Registered Domestic Partner

I am the spouse or state of California registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be a "consent," "waiver," or "transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or registered domestic partner.

Print Spouse/Registered Domestic Partner Name

Spouse/Registered Domestic Partner Signature

Date

Member Name:

Social Security Number:

SECTION B: Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

I declare under penalty of perjury under the laws of the state of California that (please select one of the following:

I am not married.

My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.

I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.

My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.

My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.

My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

Print Member Name

Member Signature

Date