



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014

909-885-7980

**BENEFICIARY DESIGNATION / CHANGE**

This form cancels and replaces all prior designations on file. You must rewrite all your beneficiary designations below.

**MEMBER INFORMATION** (Please print or type)

NEW  CHANGE

Social Security Number	Employee ID	<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred	
Last Name	First Name	Middle Name	
Date of Marriage	Daytime Telephone (      )	Evening Telephone (      )	
Address	City	State	Zip Code

**BENEFICIARY INFORMATION**

Primary 1

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Primary 2

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Alternate 1

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code

Alternate 2

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number	
Home/Mailing Address	Daytime Phone Number	
City	State	Zip Code



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014

909-885-7980

You may name one person or any number of persons as your primary or alternate beneficiary.

1. **Primary Beneficiary:** A primary beneficiary is the person or persons who would receive a benefit from SBCERA upon your death.
2. **Alternate Beneficiary:** An alternate beneficiary is the person or persons who would receive a benefit from SBCERA if you have no living primary beneficiaries on the date of your death.
3. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. The total percentage for each category must be 100%. If you do not indicate a percentage, the benefit(s) will be divided into equal parts.
4. If you have more than four beneficiaries, please write the requested information on a separate sheet of paper and attach it to this form. If you use a second sheet, it must also contain your signature. Please use the same format as the original form.
5. If you are retiring and married, it is necessary to submit proof of marriage and spouse's birth certificate, so that your benefits can be properly established.

**MEMBER CERTIFICATION**

I hereby designate the person(s) entered in the Beneficiary Information section of this form as beneficiary to my retirement account. I understand that this election revokes any previous beneficiary designation.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**NOTIFICATION OF SPOUSE**

Government Code section 31760.3 requires that the current spouse be notified of the selection of benefits or change of beneficiary made by a member. (If no spouse signature appears below, a Justification For Non-Signature of Spouse form must be completed and returned to SBCERA.)

I, \_\_\_\_\_, acknowledge my spouse's request for:  
Spouse's Printed Name

- An application for a refund of member's accumulated contributions;
- An election of optional settlement; or,
- A selection or change in beneficiary designation.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date