



San Bernardino County Employees'
Retirement Association

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San Bernardino, CA 92408

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APPLICATION FOR RETIREMENT

1. APPLICANT INFORMATION

Name: _____ Last four digits of SSN: _____

Dept./District: _____ Employee No.: _____

Effective Date: _____ Member Plan: _____

Retirement Type: ☒ Service ☐ Disability

Note: Effective Date for Disability Retirement is determined by the Board.

Address: _____

Signature of Applicant _____ Date _____

2. ELECTION OF RETIREMENT ALLOWANCE (Select one only)

In accordance with the provisions of the "County Employees' Retirement Law of 1937" providing various optional retirement allowances, I hereby elect that my allowance be paid under the conditions indicated below. I understand that this election is final except that if Option 1 below is elected, I may change the beneficiary upon written designation duly executed and filed with the Board of Retirement. I hereby nominate as my beneficiary the following named person who has an insurable interest in my life:

Name: _____

Last four digits of SSN: _____ Relationship: _____

Birth Date: _____ Marriage/Domestic Partnership Date: _____

- ☐ **UNMODIFIED:** I hereby elect to receive a monthly retirement allowance payable throughout my life. If my Retirement Type is Service then upon my death, 60% of that amount shall be continued to an eligible spouse or minor children or eligible Domestic Partner. If my Retirement Type is Service-Connected Disability then upon my death 100% of that amount shall be continued to an eligible spouse or minor children or eligible Domestic Partner.
- ☐ **OPTION 1:** I hereby elect to receive a monthly retirement allowance payable throughout my life with the provision that my accumulated contributions, less the sum of the actual monthly annuity payments received by me, shall be paid upon my death to the above-designated beneficiary.
- ☐ **OPTION 2:** I hereby elect to receive a monthly retirement allowance payable throughout my life with the provision that upon my death, 100% of that amount shall be continued during the lifetime of the above-designated beneficiary.
- ☐ **OPTION 3:** I hereby elect to receive a monthly retirement allowance payable throughout my life with the provision that upon my death, 50% of that amount shall be continued during the lifetime of the above-designated beneficiary.
- ☐ **OPTION 4:** I hereby elect to receive a monthly retirement allowance payable throughout my life with the provision that upon my death, _____% of that amount shall be continued during the lifetime of the above-designated beneficiary.

NOTIFICATION OF SPOUSE / DOMESTIC PARTNER:

Government Code Section 31760.3 requires that the current spouse / domestic partner is notified of the selection of benefits or change of beneficiary made by the member. **(If signature of current spouse / domestic partner cannot be obtained or you are not married, a Justification for Non-Signature of Spouse or Domestic Partner form must be completed and signed).**

I, _____, acknowledge my spouse's request for a selection of benefits and/or change in beneficiary designation.

Signature of Spouse / Domestic Partner

Date

Signature of Applicant

Date