



San Bernardino County Employees'
Retirement Association

Beneficiary Designation

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Submit this Form:

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San Bernardino, CA 92408
Fax | 909.885.1904
Online | SBCERA.org/mySBCERA

When you die, your survivors may be eligible for benefits. To designate who should receive these benefits, please complete and submit this original form to SBCERA.

Your Primary and Alternate Beneficiary Designations

You may designate your primary and alternate beneficiaries (defined below). It's important to note that your primary and alternate beneficiary(ies) cannot be the same person.

- **Primary Beneficiary:** The person(s) who should receive a benefit from SBCERA upon your death.
 - When you die, your surviving spouse, registered domestic partner or eligible minor children may be eligible to receive a monthly benefit.
 - If you do not have a surviving spouse, registered domestic partner, or eligible minor child, any primary beneficiaries you name may be eligible to receive a benefit upon your death.
- **Alternate Beneficiary:** The person(s) who may receive a benefit from SBCERA, only if you have no living primary beneficiaries on the date of your death.

Note: If you have an **eligible spouse, registered domestic partner, or minor child**, their rights and claims to receive a monthly benefit may be superior to and supersede the rights of any other named beneficiary. **If you have not done so already**, please submit proof of your marriage or registered partnership, and the birth certificate of your eligible spouse, registered domestic partner, or minor child. If you are naming a trust as a beneficiary, then a trust is eligible for a one-time lump sum payment only. In accordance with the County Employees Retirement Law of 1937 (CERL), SBCERA does not allow charities to be elected as beneficiaries.

Listing Multiple Beneficiaries

You can list more than one person as a primary beneficiary and more than one person as an alternate beneficiary. If you list more than one person in each category, the beneficiaries will share the benefit. Because they may share the benefit, you must indicate the percentage of the benefit that you would like each beneficiary to receive. **The percentage total within each designation (Primary or Alternate) must add up to exactly 100%.** For example, if you name three Primary beneficiaries with 33% for your first and 33% for your second, your third Primary beneficiary must be 34%, creating a total of 100%. The same example applies when naming Alternate beneficiaries.

Updating Your Beneficiary(ies)

You may submit an updated Beneficiary Designation form at any time. SBCERA encourages you to update your beneficiary designation often, particularly after significant life events (e.g., marriage, divorce, having children, job change, retirement, death of a designated beneficiary, etc.).

Note: If you are retired and wish to update your beneficiary(ies), please contact SBCERA for assistance.

Signature Required for Spouse or Registered Domestic Partner

If you have a spouse or domestic partner, their signature is required on the form. If you do not have a spouse or domestic partner, please complete Section 6– Justification for Non-Signature of Spouse or Domestic Partner.

Spousal Benefits and Domestic Partnerships

If all other eligibility requirements are met, Registered Domestic Partnerships registered with the Secretary of State in the state where the partnership was entered are eligible for spousal benefits.

For More Than Six Beneficiaries

If you have more than six beneficiaries, please fill out the Additional Beneficiaries Section 7 and/or Section 8.

Section 1 Information About You

For security and identification purposes, we **require your SBCERA ID number or the last four digits of your SSN.**

Your SBCERA identification number can be accessed in your mySBCERA account.

SBCERA ID or Last Four Digits of SSN			
Last Name		First Name	Middle Initial
Mailing Address			
City		State	Zip Code
Phone Number		Email Address	

Section 2 Your Primary Beneficiary Information

This form cancels and replaces all prior designations on file.

If you name more than one person, you **must** indicate the percentage of the benefit each person is meant to receive.

The numbers you write in the **percentage boxes** must add up to **exactly 100%**.

For example, if you name three Primary beneficiaries with 33% for your first and 33% for your second, your third Primary beneficiary must be 34%, creating a total of 100%.

A **primary beneficiary** is the first-named person or persons who would receive these benefits from SBCERA.

A **surviving spouse, domestic partner, or minor child**, if not the named beneficiary, may have certain rights superseding the rights of the beneficiary you have designated.

Primary 1

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Primary 2

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Primary 3

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

*Percentage Total

*Percentages must total 100%

Section 3 Your Alternate Beneficiary Information

Alternate 1

The **alternate beneficiary** is the person or persons who would receive these benefits from SBCERA if you had no living primary beneficiaries at the time of your death.

The numbers you write in the **percentage boxes** must add up to **exactly 100%**.

For example, if you name three Alternate beneficiaries with 33% for your first and 33% for your second, your third Alternate beneficiary must be 34%, creating a total of 100%.

It is important to name an alternate beneficiary. In the event you **do not** have any living primary or alternate beneficiaries on the date of your death, any benefit will be paid to those who are entitled to receive such a benefit under the laws of the State of California.

Naming an alternate beneficiary may avoid any delays in processing payment of any benefit due to your beneficiary.

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Alternate 2

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Alternate 3

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

*Percentage Total

***Percentages must total 100%**

Section 4 Member Certification

This form will be rejected if this section is not complete.



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

X _____
Signature of Member **Date**

Section 5 Notification of Spouse / Registered Domestic Partner

This form will be rejected if either Section 5 or 6 is not complete.

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 or domestic partner signature appears below in Section 6, the Justification for Non-Signature of Spouse or Registered Domestic Partner form in Section 6 must be completed and signed.**

Spouse's or Domestic Partner's Printed Name	Date of Marriage or Registered Partnership
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By my signature below, I acknowledge the selection of benefits and/or change of beneficiary made herein by my spouse or registered domestic partner.



X _____	_____
Signature of Spouse or Domestic Partner	Date

Section 6 Justification for Non-Signature of Spouse or Domestic Partner

If you do not have a signature of spouse or registered domestic partner in Section 5, this section must be completed.

Government Code section 31760.3 requires that the current spouse or domestic partner be notified of the selection of benefits or change of beneficiary made by a member, unless the member makes the following declaration, in writing under penalty of perjury.

I declare I am not able or required to obtain the signature of my spouse or domestic partner because **(check only one)**:

You must complete the third column on the line you select.

Provide a full copy of each **Dissolution Judgment** where applicable.

Provide **Death Certificate** for your deceased spouse or registered domestic partner

Check One	Description	Must Complete if Checked
<input type="checkbox"/>	Never married or never in a legal domestic partnership.	N/A
<input type="checkbox"/>	Divorced/Legally Separated/Marriage Annulled/Domestic Partnership Terminated Note: Add all applicable dates.	_____ Date _____ Date
<input type="checkbox"/>	Widowed	_____ Date
<input type="checkbox"/>	My current spouse or domestic partner has no identifiable community property interest in the benefit.	_____ Spouse or Domestic Partner Name
<input type="checkbox"/>	I do not know and have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.	_____ Spouse or Domestic Partner Name
<input type="checkbox"/>	My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgment.	_____ Spouse or Domestic Partner Name
<input type="checkbox"/>	My current spouse or domestic partner is incapable of executing the acknowledgement because of incapacitating mental or physical condition.	_____ Spouse or Domestic Partner Name
<input type="checkbox"/>	My current spouse or domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code, which make the community property law inapplicable to the marriage.	_____ Spouse or Domestic Partner Name

I declare under penalty of perjury all the foregoing statements to be true and correct.

Executed on _____, at _____
Date City, State



X _____
Signature of Member

These **Additional Beneficiaries** sections are available for members who have more than three Primary Beneficiaries and/or more than three Alternate Beneficiaries.

Section 7 Your Additional Primary Beneficiary Information

Keeping in mind what you've indicated for your **Primary beneficiaries** on the **Beneficiary Designation form**, all percentages in the **percentage boxes** for that form and this Additional Beneficiaries form must add up to **exactly 100%**.

For example, if you have three Primary beneficiaries on the Beneficiary Designation form at 20%, 30%, and 40%, your fourth Primary beneficiary on this form must be 10%, making a total of 100%.

Primary 4

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Primary 5

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Primary 6

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Section 8 Your Additional Alternate Beneficiary Information

Keeping in mind what you've indicated for your **Alternate beneficiaries on the Beneficiary Designation form**, all percentages in the **percentage boxes** for that form and this Additional Beneficiaries form must add up to **exactly 100%**.

For example, if you have three **Alternate beneficiaries** on the Beneficiary Designation form at 20%, 30%, and 40%, your fourth **Alternate beneficiary** on this form must be 10%, making a total of 100%.

Alternate 4

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Alternate 5

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth

Alternate 6

*Percentage	Last Name	First Name	Middle Initial
Relationship	Mailing Address		
Social Security Number	City	State	Zip Code
Phone Number	Email Address		Date of Birth