



San Bernardino County Employees' Retirement Association

Justification for Non-Signature of Spouse or Domestic Partner

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Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100, San Bernardino, CA 92408

Fax | 909.884.1904

Online | SBCERA.org/mySBCERA

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.

SBCERA ID or Last Four Digits of SSN		
Last Name	First Name	Middle Initial

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