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JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE OR DOMESTIC PARTNER

Please print	Name, Address, City, State	, Zip below.			
	r change of beneficiary m				nestic partner be notified of the selection makes the following declaration, in writing
l,				(m	ember name), declare:
1. That	on(date	e) I have made: (C	Check One)		
_	An application for a refur	nd of my	,		
	An election of optional se				
	A change in beneficiary designation				
Select eithe	r 2 or 3 and indicate specific	s:			
2. By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:					
	Never married or never in a legal domestic partnership. Divorced/legally separated/marriage annulled or domestic partnership terminated. Date (mm/dd/yyyy)				
u	Divorced/legally separated/	marriage annulled o	or domestic	partnership t	erminated
	Widowed	nm/dd/yyyy)			Date (IIIII/dd/yyyy)
		hange of beneficia		oned above ir	n section 1, did not contain the signature of my
	My current spouse or domestic partner has no identifiable community property interest in the benefit				
	I do not know, and have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.				
	My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgment				
	My current spouse or domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical condition				
	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.				
If a selection v	was made under section 3, yo	u must provide the	name of yo	ur spouse or	domestic partner below:
My current spe	ouse or domestic partner's na	ame is:			
my can one op	partition of the		(F	Please print)	
I declare und	ler penalty of perjury all o	f the foregoing st	atements i	to he true a	nd correct
Executed this	day of				
Excoured timo	uuy 01	, 20			(CITY)
(S	TATE)				
(SIGNATURE OF DECLARANT)					(LAST FOUR DIGITS OF SSN OF DECLARANT)