



Merced County Employees' Retirement Association

Beneficiary Designation Form

MEMBER INFORMATION (please print):

Name	Last 4 of SSN	Date of Birth
Address (City, State and Zip Code)		Phone No

This form will void and replace any prior nomination of beneficiaries and is only valid pre-retirement.

NOTE: Unless stated otherwise, by naming more than one primary or contingent beneficiary, you are directing payment in equal shares to the named beneficiaries who survive you. (Please attach an additional sheet if you are including additional beneficiaries.)

PRIMARY BENEFICIARY:

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

If no primary beneficiary survives you, we will pay benefits to the contingent beneficiaries named below.

CONTINGENT BENEFICIARIES:

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

NOTE: YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

NOTE: Either Section A or Section B below must be completed and signed.

SECTION A: REQUIRED IF NOT NAMING SPOUSE/REGISTERED PARTNER AS 100% BENEFICIARY

I acknowledge that by agreeing to such designation, I have waived or transmuted my community property interest and the right to receive a continued benefit allowance or any death benefits available in the event of my spouse's/registered domestic partner's death.

Spouse/Domestic Partner Signature: _____ Printed Name: _____ Date: _____

Option 1: Witnessed by MercedCERA Representative

Signature of spouse/registered domestic partner witnessed this _____ day of _____, of 20 _____.

MercedCERA Representative: _____.

Option 2: Witnessed by Notary Public – Attach separate acknowledgement certificate.

SECTION B - MEMBER'S STATEMENT: THIS SECTION IS TO BE COMPLETED IF SECTION A ABOVE DOES NOT APPLY TO YOU.

California Government Code Section 31760.3 requires notification to the current spouse/partner of the election you have made regarding your MercedCERA account. If you are married or in a registered domestic partnership, your spouse/partner's signature is required above as notification of your change of beneficiary designation unless you declare under penalty of perjury, the reason below for non-spouse/domestic partner signature.

I declare under penalty of perjury that my spouse/registered domestic partner signature's is not included in Section A above for one of the following reasons. I understand MercedCERA will contact me for further information:

- I am not married and have not established a registered domestic partnership. (If you are widowed, a copy of spouse's death certificate must be submitted.)
- My current spouse/registered 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 current spouse/registered domestic partner.
- My current spouse/registered domestic partner has been advised of the document and has refused to sign the written acknowledgement.
- My current spouse/registered domestic partner is incapable of executing the acknowledgement due to incapacitating mental or physical conditions.
- I have an executed marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of the Family Code, which makes the community property law inapplicable to the marriage/partnership. (Copy of Dissolution of Marriage/Partnership accompanied by settlement must be provided.)

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that MercedCERA shall rely on the accuracy of the information provided with this form. I further understand that providing false, altered, or misleading information may result in a forfeiture of any related benefit and may make me liable for repayment of any funds received on the basis of the form submitted.

Member's Signature Date

MercedCERA USE ONLY

MKEY DATE ENTERED ENTERED BY VERIFIED VIA DATE REVIEWED REVIEWED BY