



Payroll Division
 City of Sacramento
 915 I Street, 4th Floor
 Sacramento, CA 95814

SCERS

Beneficiary Designation

_____ Date

_____ PRINT NAME

_____ EmpID

_____ SOCIAL SECURITY NUMBER

Primary Beneficiary

I hereby designate the following person(s) who survive me, share and share alike, as beneficiaries for the Death Benefit under the Sacramento City Employees' Retirement System in the event of my death prior to retirement. In the event the Sacramento City Charter and/or City Code specify benefits be paid to eligible surviving spouse, minor children or dependent parents, I understand that this beneficiary shall be superseded.

_____ PRINT NAME

_____ Relationship

_____ SOCIAL SECURITY NUMBER

_____ Address

_____ City

_____ Zip Code

_____ PRINT NAME

_____ Relationship

_____ SOCIAL SECURITY NUMBER

_____ Address

_____ City

_____ Zip Code

Secondary Beneficiary

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, share and share alike, as beneficiaries.

_____ PRINT NAME

_____ Relationship

_____ SOCIAL SECURITY NUMBER

_____ Address

_____ City

_____ Zip Code

_____ PRINT NAME

_____ Relationship

_____ SOCIAL SECURITY NUMBER

_____ Address

_____ City

_____ Zip Code

Signatures

Should I survive all of the persons named above, I request and authorize the benefits payable on account of my death be paid to my estate or to such other beneficiary or beneficiaries as I may hereafter designate in writing duly filed with the Retirement System.

By this beneficiary designation, I hereby revoke any previous designation I have filed.

To be completed in the presence of a Notary Public or Authorized Employee of the Sacramento City Employees' Retirement System.

Note: If you have no spouse or you are unable to obtain your spouse's signature, you must complete and return the justification for non signature of spouse form.

_____ Member's Signature

I have read and understand the material contained above

_____ Spouse's Signature

I acknowledge the information entered by my spouse.

_____ Witness Signature



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Justification for Absence of Spouse's Signature

To be Used With Beneficiary Designation

The member's spouse must be made aware of the selection of benefits to changes of beneficiary made by a member. The spouse of a SCERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and the designation of beneficiary for pre-retirement Death Benefits.

If a spouse's signature does not appear on one of the above-named documents, the following information **MUST** be completed by the member and submitted with the application/form.

 Name EmpID

I am not legally married (choose appropriate box)

Never married.

Divorced/marriage annulled. _____
Date

Widowed. _____
Date

I am married, but my spouse did not sign the form because either:

I do not know and have taken all reasonable steps to determine the whereabouts of my spouse,

OR

My spouse has been advised of the application and has refused to sign the acknowledgment,

OR

My spouse is incapable of executing the acknowledgement because of an incapacitating mental or physical condition,

OR

My spouse has no identifiable community property interest in the benefit,

OR

My spouse and I executed a marriage settlement agreement which makes the community property law inapplicable to the marriage

I hereby certify, under penalty of perjury, that the foregoing information is true and correct.

 Signature of Member Date