



San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • contactus@sjcera.org • www.sjcera.org

BENEFICIARY DESIGNATION

Submit this form to designate beneficiary(ies) for your SJCERA benefit. Upon death, eligible beneficiaries may receive benefits, including any unpaid retirement benefits from SJCERA.

| | | | | | | |
|---------------|-----------------------|--|-----------------------|----------|---|--|
| MEMBER | First Name | | Middle Name | | Last Name | |
| | Mailing Address | | | | Employee ID | |
| | City | | State | ZIP Code | Birth Date | |
| | Home Telephone Number | | Work Telephone Number | | Social Security Number | |
| | E-Mail Address | | | | <input type="radio"/> Male <input type="radio"/> Single or Widowed <input type="radio"/> Female <input type="radio"/> Married/Domestic Partner | |

| | | | | | | | | |
|--|---|-----------------|--|--------|----------|------------------------|------------------------|-----------------|
| PRIMARY BENEFICIARIES | I hereby designate the following person(s) who survive me as beneficiaries for death benefits under the County Employees' Retirement Law of 1937 in the event of my death. I understand if I die after becoming eligible for service retirement, this beneficiary designation may be superseded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be service connected, special death benefits will be paid in the manner prescribed by law. If no percentage (%) share is designated, benefits will be paid share and share alike. Contingent beneficiaries receive benefits only if the primary beneficiary(ies) is/are deceased. | | | | | | | |
| | 1 | Name First | | Middle | Last | | Social Security Number | |
| | | Mailing Address | | | | Relationship to Member | | Date of Birth |
| | | City | | State | ZIP Code | Telephone | | Percent Share % |
| | 2 | Name First | | Middle | Last | | Social Security Number | |
| | | Mailing Address | | | | Relationship to Member | | Date of Birth |
| | | City | | State | ZIP Code | Telephone | | Percent Share % |
| | 3 | Name First | | Middle | Last | | Social Security Number | |
| | | Mailing Address | | | | Relationship to Member | | Date of Birth |
| | | City | | State | ZIP Code | Telephone | | Percent Share % |
| If you wish to designate additional primary beneficiaries, please list their name(s), address(es), SSN(s) and relationship(s) to you and share(s) on a separate piece of paper and attach it to this form. <input type="checkbox"/> Additional beneficiaries listed on attached. | | | | | | | | |

| | | | | | |
|------------------|---|--|------|--|--|
| SIGNATURE | By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand my marriage, initiation of dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form may supersede this designation. | | | | |
| | Member Signature | | Date | Witness Signature (cannot be a beneficiary) Date | |
| | Spouse Signature. By signing this form, I acknowledge my understanding of and consent to the beneficiary designation information identified above. Print: Spouse Signature: | | Date | Print Witness Name | |
| | I certify under penalty of perjury I am not currently legally married or a registered domestic partner (e.g., divorced, widowed, never married, terminated partnership, never partnered) and the foregoing information is true and correct. | | | | |



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DESIGNATION OF BENEFICIARY

The Basic Death Benefit payable by the SJCERA upon the death of a member prior to retirement consists of the member's accumulated contributions and interest, plus up to six months of the member's final average monthly salary, depending on the years of retirement service credit. This benefit is also referred to as the "lump sum death benefit." The member's surviving spouse or minor children may be eligible for other benefits in lieu of the Basic Death Benefit. These other benefits are also referred to as "survivor continuance." Please refer to the SJCERA Retirement Plan Information booklet for further details concerning pre-retirement death benefits.

Please complete the Beneficiary Designation (Form 110) to designate a beneficiary or beneficiaries to receive the lump sum death benefit payable from the SJCERA in the event of your death prior to retirement.

- You may designate any person(s) or your estate as beneficiaries.
- You may designate a minor child as your beneficiary. **Do not** name a guardian of the minor child in addition to, or instead of, the minor child. If benefits are payable to a minor child, the court-appointed guardian will be responsible for any benefits paid to the child. (Note: A parent who has custody of a minor child is not required to be appointed by the court as a guardian in order to claim a benefit on behalf of that child.)
- You may designate a trust as your beneficiary. However, if you wish to designate a trust, the following information should be provided: The name of the trust, date of trust and name/address of the person with whom the trust is on file.

Also, unless you specify otherwise, the beneficiary you designate on Form 110 will also be the beneficiary for any group life insurance benefits provided by your employer (San Joaquin County) for which you may be eligible.

INSTRUCTIONS FOR COMPLETING FORM 110

1. MEMBER INFORMATION

- Enter your full legal name (no middle initials), social security number, date of birth, current mailing address, and home and work telephone numbers.
- Enter your e-mail address if you have one. This is voluntary and your e-mail address will remain confidential with the SJCERA.
- Fill-in the appropriate bubble to specify your gender and current marital status.

2. PRIMARY BENEFICIARIES

Use this section of the form to designate the beneficiary or beneficiaries who are to receive the lump sum death benefit payable from the SJCERA in the event of your death prior to retirement. **If you are legally married and designate someone other than your spouse as your beneficiary, your spouse may still be entitled to his/her community property interest in the lump sum and/or survivor continuance death benefits.**

For each primary beneficiary, you must designate:

- Full first, middle and last name, Social Security number, complete mailing address, birthdate, and relationship to you.
- If you designate more than one beneficiary, designate the percentage share to be distributed to each beneficiary. The total of all shares listed must equal 100%.

Example A: If you have two beneficiaries listed and you would like each of them to receive half of your lump sum death benefit, enter "50" for each beneficiary in the "Percentage Share" box.

Example B: If you designate only one primary beneficiary, enter "100" in the "Percentage Share" box.

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INSTRUCTIONS FOR COMPLETING FORM 110 - CONTINUED

- c. If you want to designate more than three primary beneficiaries, please **ATTACH a separate piece of paper** listing your additional beneficiaries and include all of the same information required. Please write your name and Social Security number at the top of any attached page(s). Fill in the bubble for "Additional beneficiaries listed on attached".

NOTE: ALL primary beneficiaries will be concurrent, rather than successive or contingent, payees.

3. SIGNATURE

- a. You must sign and date the form in the presence of a witness (other than a named beneficiary) using your full first, middle, and last name. (Example: John Edward Smith.) An unsigned form is not valid and will be returned to you.
- b. If you are legally married or a domestic partner, your spouse or partner's information and signature must be included. (SJCERA Board of Retirement Resolution No. 2022-02-01, San Joaquin County Board of Supervisors Resolution R-22-147.) Your spouse or partner's information must be accompanied by a copy of a government-issued photo identification. If your spouse or partner's information and signature are not included, you must complete and submit SJCERA Form 112 (Justification for Non-Signature of Spouse).
- c. Have the witness clearly sign and date the form.

NOTE: IF YOU ARE UNABLE TO OBTAIN YOUR SPOUSE'S SIGNATURE, YOU MUST COMPLETE AND RETURN THE JUSTIFICATION FOR NON SIGNATURE OF SPOUSE (FORM 112).

4. SUBMIT FORM

Submit the completed, signed, and witnessed Beneficiary Designation form to the SJCERA via U.S. mail, inter-office mail, or in person to the address shown at the top of the Beneficiary Designation Form. If required, also submit completed Justification for Non Signature of Spouse (Form 112).

IMPORTANT NOTICE

Your Beneficiary Designation may be revoked automatically if any of the following events occur subsequent to the date you execute and submit this Beneficiary Designation form:

- a. Marriage; or
- b. Dissolution or annulment of marriage **if effected after** the Beneficiary Designation form was submitted; or
- c. Birth or adoption of a child; or
- d. Termination of employment and withdrawal of your contributions from the SJCERA.

If your beneficiary designation is revoked by one of the above events, benefits will be paid to your statutory beneficiaries (pursuant to the California Probate Code), unless you submit a new Beneficiary Designation to SJCERA. You may request a blank form from SJCERA or download it from our web site at www.sjcera.org.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING AND SUBMITTING THIS FORM, PLEASE CONTACT THE SJCERA AT 209-468-2163.



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JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE

If you are legally married, legally separated or in a registered domestic partnership and your spouse's/partner's signature does not appear on the required form(s), you **MUST** complete and sign this form. Your Beneficiary Designation, Retirement Application and/or Member Disposition of Retirement Contributions will not be accepted by SJCERA without this Justification for Non-Signature of Spouse/Partner.

| | | | | | |
|--|---|-----------------------|-----------|---|--|
| MEMBER | First Name | Middle Name | Last Name | | |
| | Mailing Address | | | Social Security Number | |
| | City | State | ZIP Code | Birth Date | |
| | Home Telephone Number | Work Telephone Number | | <input type="radio"/> Male <input type="radio"/> Female | |
| | E-Mail Address | | | | |
| JUSTIFICATION FOR NON SIGNATURE | <p>I am married or a registered domestic partner, but my legal spouse/partner did not sign the required forms because (check ONLY ONE of the following):</p> <p><input type="checkbox"/> I do not know the whereabouts of my spouse/partner and I have undertaken all reasonable steps necessary to locate my spouse without success; OR</p> <p><input type="checkbox"/> My spouse/partner has been advised of the application and has refused to sign the written acknowledgment; OR</p> <p><input type="checkbox"/> My spouse/partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; OR</p> <p><input type="checkbox"/> My spouse/partner has no identifiable community property interest in the benefit; OR</p> <p><input type="checkbox"/> My spouse/partner and I have executed a marriage settlement agreement, pursuant to California Family Code Sections 1500-1620, which makes the community property law inapplicable to the marriage/partnership.</p> | | | | |
| SIGNATURE | I certify under penalty of perjury that the foregoing information is true and correct. | | | | |
| | Member Signature | | | Date | |