



PRUDENT INVESTMENT • QUALITY SERVICE

Kern County Employees' Retirement Association

11125 River Run Boulevard, Bakersfield, CA 93311
(661) 381-7700 or (877) 733-6831 www.kcera.org

Beneficiary Designation Form

This form is used to designate or change your beneficiary(ies). It is important to keep your beneficiary designation current. In the event of your death, it will simplify the payment process for your beneficiaries. Be sure to update your beneficiary information in response to changes such as birth, death, marriage or divorce, domestic partnership registration or termination, or if your beneficiary moves. If you are divorced or have terminated a registered domestic partnership, be certain your beneficiary designation complies with the terms of your marital/partnership settlement agreement. Your beneficiary designation may be revoked automatically if you marry or dissolve/annul your marriage after this form has been executed and submitted.

Section 1 – Member Information: Complete all applicable information in the section below.

MEMBER INFORMATION: Please check one: <input type="radio"/> ACTIVE <input type="radio"/> DEFERRED <input type="radio"/> RETIRED			
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Telephone Number	

Section 2 – Beneficiary Information: Indicate who you want to make the primary or secondary beneficiary(ies) by marking the appropriate box next to each person's name. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. The total percentage for each category must be 100%. If you do not indicate a percentage, the benefit will be divided into equal parts.

- A **Primary Beneficiary** is the person(s) who will receive a benefit from KCERA upon your death.
- A **Secondary Beneficiary** is the person(s) who will receive a benefit from KCERA if you have no living primary beneficiaries on the date of your death.

1. Provide each beneficiary's name, current address, Social Security #, birth date, relationship to you, and phone #.
2. Submit your certificate of marriage or domestic partnership registration, if applicable to your primary beneficiary.
3. You cannot name a trust as your primary or secondary beneficiary.
4. If you are deleting a spouse, provide a copy of the *death certificate* or *Property Order Attachment to Judgment*.

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY		PERCENTAGE: %	
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

REQUIRED SIGNATURE: Beneficiary information will not be accepted without your signature.	
Member Signature	Date



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Section 2 – Beneficiary Information (continued): To designate additional beneficiaries, complete sections below.

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE: %
Name (Last, First MI)			
Street Address			
City	State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number

REQUIRED SIGNATURE: <i>Beneficiary information will not be accepted without your signature.</i>	
Member Signature	Date



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Section 3 – Lump Sum Death Benefit: If you are *retired* and your last active duty was with the County of Kern or a participating Special District, the beneficiary you name in Section 3 will receive a one-time \$5,000 lump-sum death benefit. This person may be the primary beneficiary you list in Section 2, or it may be someone else. If this section is left blank, your primary beneficiary named in Section 2 will receive this payment.

PRIMARY BENEFICIARY INFORMATION:			PERCENTAGE:	%
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

BENEFICIARY INFORMATION: <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY			PERCENTAGE:	%
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

Section 4 – Minor or Special-Needs Adult: Complete this section only if you are naming a minor or special-needs adult as your primary beneficiary. If you are naming a minor and want to designate an adult to manage payments for the minor without court appointment or supervision until an age you specify, use the following format:

[Name of adult] as custodian for [Name of minor] until age [choose a number between 18 and 25]. Use the adult's address and telephone number and the minor's date of birth, Social Security number and relationship. Or, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required, and all funds will be distributed to the beneficiary at age 18. (Court documents must include the guardian's name, address and telephone number.)

GUARDIAN / CONSERVATOR INFORMATION:				
Name (Last, First MI)				
Street Address				
City		State	Zip Code	
Social Security Number	Birth Date (mm/dd/yyyy)	Relationship	Telephone Number	

Note: Beneficiary information will not be accepted without the required signature at the bottom of each page.

REQUIRED SIGNATURE: <i>Beneficiary information will not be accepted without your signature.</i>	
Member Signature	Date