





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

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

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

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

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

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

**\*A COPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE-ISSUED ID IS REQUIRED**  
**\*\*\* RETURN ORIGINAL SIGNED FORM -- COPIES WILL NOT BE ACCEPTED \*\*\***



**Section 3 – Lump Sum Death Benefit – RETIREES ONLY:** 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	

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