



Kern County Employees' Retirement Association

11125 River Run Boulevard

Bakersfield, CA 93311

Tel (661) 381-7700 • Fax (661) 381-7799

Toll Free (877) 733-6831

TTY Relay (800) 735-2929

[www.kcera.org](http://www.kcera.org)

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## **IMPORTANT INFORMATION REGARDING BENEFICIARY DESIGNATIONS:**

**Prior to naming a beneficiary, please read the following important information.**

As the named surviving beneficiary of a KCERA member, you are entitled to a monthly continuance of the member's pension. This benefit will be paid to you for your lifetime.

At your death, the continuance you are receiving will stop. However, the final pro-rated payment (the benefit from the first of the month through the date of death) will be paid to the primary beneficiary you named on the following form.

In the event your primary beneficiary has predeceased you or passed away prior to the disbursement of the final pro-rated payment, the secondary beneficiary you named on the following form will be the recipient of the final pro-rated payment.

Due to the significant benefit available, it is of the utmost importance that you keep your beneficiary(s) current and up to date.



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## Beneficiary Designation Form – Survivors

This information applies to you and your named beneficiary. It is important to keep your beneficiary designation current. In the event of your death, it will simplify the final payment process for your beneficiary. Be sure to update your beneficiary information in response to changes such as death or if your beneficiary moves. **A copy of your current driver's license or state-issued identification is required.**

**Section 1 – Survivor Information:** You are the Survivor. You must fill out this section in its entirety.

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

**Section 2 – Final Monthly Pension Payment through Date of Death:** Only *one person* can receive your final pension payment. There is no continuance of your benefit to your named beneficiary. If the person you name below as your primary beneficiary is not alive at the time of your death, the person you name as your secondary beneficiary will receive the final payment. **You cannot name a trust, estate or charitable organization as your beneficiary.**

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

SURVIVOR'S SECONDARY BENEFICIARY 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>	
Survivor Signature	Date