



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(s) to be the recipient of your awarded community property benefit, please read the following important information.**

Through your divorce proceedings, the courts awarded you a community property benefit from your former spouse's retirement pension through KCERA. This benefit will be paid to you for the life of your former spouse's pension. If your former spouse does not have a survivor to receive a continuance of the pension, the benefits will cease at the death of your former spouse.

Should you predecease your former spouse, your awarded benefit will be paid to the beneficiary(s) you named on the following form. Your named beneficiary(s) will receive the benefit just as you would have. The benefit will be paid to your beneficiary(s) for the life of your former spouse's pension.

In the event your beneficiary predeceases your former spouse after your death, the awarded benefit will revert to your secondary beneficiary. The secondary beneficiary will receive the benefit just as you and your primary beneficiary would have.

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 / Change – Alternate Payee

This form may be used to designate or change a beneficiary designation to receive your community property share of your former spouse's retirement benefits in the event of your death before payments are complete.

Alternate Payee Information			
Full Name			Social Security #
Street Address			Birth Date (mm/dd/yyyy)
City	State	Zip	Phone Number

Beneficiary Information – Primary			Percentage	%
Full Name			Social Security #	
Street Address			Birth Date (mm/dd/yyyy)	
City	State	Zip	Phone Number	
Relationship (please check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Child <input type="checkbox"/> Other: _____				

Beneficiary Information		<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	Percentage	%
Full Name				Social Security #	
Street Address				Birth Date (mm/dd/yyyy)	
City	State	Zip	Phone Number		
Relationship (please check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Child <input type="checkbox"/> Other: _____					

Former Spouse / Domestic Partner Information	
Name	Social Security #

I hereby make the above designation to supersede any previous beneficiary designation made by me.

\_\_\_\_\_  
Alternate Payee Signature

\_\_\_\_\_  
Date Signed

**\*A COPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE-ISSUED ID IS REQUIRED**

**\*\*\* RETURN ORIGINAL SIGNED FORM -- COPIES WILL NOT BE ACCEPTED \*\*\***

Rev. 8/2023