



11125 River Run Blvd
Bakersfield, CA 93311
661.381.7700
www.kcera.org

IMPORTANT INFORMATION REGARDING BENEFICIARY DESIGNATIONS:

Prior to naming a beneficiary(s), please read the following important information.

As a KCERA member, you are obligated to designate a primary beneficiary(s). This form is to be used to designate or change your beneficiary(s). **In order for this request to be valid, you must provide KCERA with the *original* signed form (copied signatures are not acceptable). In addition, you must also provide a copy of your current driver's license or government-issued identification card.** It is important to keep your beneficiary designation current and updated in response to changes such as marriage/domestic partnership registration, divorce/partnership termination, death, or birth of a child. KCERA recommends that all members, active and retired, name a secondary beneficiary in addition to the mandatory primary beneficiary.

Marriage or Registration of Domestic Partnership: If you are married/registered, your spouse or registered domestic partner must be named as your sole primary beneficiary. In addition to the listed requirements outlined above, you must also provide a copy your marriage license or partnership registration.

Divorce or Termination of a Registered Domestic Partnership: California is a community property state, therefore retirement benefits earned during marriage/domestic partnership registration are considered community property. If you have been divorced during your career with a KCERA plan sponsor, in addition to the listed requirements outlined above, you must also provide to KCERA a complete copy of the divorce documents/partnership settlement agreement, including the Property Order Attachment to Judgment, if applicable. If you are in the process of a divorce or are currently separated, please contact KCERA's Legal team at the number listed above or via email at legal@kcera.org.

KCERA's Legal team must complete a full review of all divorce documents prior to any financial disbursements from the plan. Therefore, this may potentially cause a delay in the processing of your request.

Death of a Spouse or Registered Partner: In addition to the listed requirements outlined above, you must also provide a copy of the death certificate.

As an actively employed member of a KCERA plan sponsor, there could be substantial death benefits available to your named beneficiary(s). Please refer to the *Member Handbook* on the KCERA website for more information.

As a retiree of KCERA, the death benefit payable to your named beneficiary(s) will be dependent on the option you elected at retirement. Please refer to your signed *Election of Retirement Allowance* form that you signed when you retired. You can also refer to your KCERA Member Portal for confirmation of the option you elected. Detailed information on the retirement options can be found on the KCERA website.



11125 River Run Blvd
 Bakersfield, CA 93311
 661.381.7700
 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 you beneficiary. If you are married or have a registered domestic partner, your spouse or partner must be named as your sole primary beneficiary. 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. **A copy of your current driver's license or government-issued identification is required.**

Section 1 – Member Information: All members must fill out this section in its entirety.

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 a copy of your marriage license or domestic partnership registration, if applicable to your primary beneficiary.
3. You cannot name a trust or charitable organization as your primary or secondary beneficiary.
4. If you are deleting a spouse, you must provide either a copy of a *death certificate* or a complete copy of your divorce documents, including the *Property Order Attachment to Judgment*, if applicable.

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



11125 River Run Blvd
 Bakersfield, CA 93311
 661.381.7700
 www.kcera.org

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



11125 River Run Blvd
 Bakersfield, CA 93311
 661.381.7700
 www.kcera.org

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