



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

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.

For this change to be valid, you must provide KCERA with the *original* signed Designation 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.



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Beneficiary Designation / Change – Alternate Payee

You are the Alternate Payee. This form is 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. **A copy of your current driver's license or government-issued ID is required.**

Alternate Payee Information: You are the Alternate Payee. You must complete this section in its entirety.

Name (Last, First MI)

Street Address

City

State

Zip Code

Social Security Number

Birth Date (mm/dd/yyyy)

Telephone Number

Beneficiary Information – Primary

Percentage

%

Name (Last, First MI)

Street Address

City

State

Zip Code

Social Security Number

Birth Date (mm/dd/yyyy)

Relationship

Telephone Number

Beneficiary Information

☐ Primary

☐ Secondary

Percentage

%

Name (Last, First MI)

Street Address

City

State

Zip Code

Social Security Number

Birth Date (mm/dd/yyyy)

Relationship

Telephone Number

Former Spouse / Domestic Partner Information: You must complete this section in its entirety.

Name

Birth Date (mm/dd/yyyy)

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

Alternate Payee Signature

Date