



Orange County Employees
Retirement System
2223 Wellington Avenue
Santa Ana, CA 92701
(714) 558-6200
www.ocers.org

Member Affidavit

Instructions for Naming Your Beneficiary

1. You may name one person or any number of persons as your primary or alternate beneficiary.
 - a. **Primary Beneficiary:** A primary beneficiary is the person or persons who would receive a benefit from OCERS upon your death.
 - b. **Alternate Beneficiary:** An alternate beneficiary is the person or persons who would receive a benefit from OCERS if you have no living primary beneficiaries on the date of your death.
 - c. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. If you do not indicate a percentage, the benefit will be divided into equal parts.
2. Your designated beneficiary will be valid until the date you file another Beneficiary Change Form. Please note that, under California state law, if you have at least five years of service with OCERS at the time your death, your spouse or dependent children have legal rights to any death benefits payable regardless of the beneficiaries designated on this affidavit (or the beneficiaries designated on any future Beneficiary Change Form you may file).



Member Affidavit

Please print or type

1. Member Information

First Name		M.I.	Last Name		Social Security Number
Home/Mailing Address					Home Phone Number
City			State	Zip Code	Work Phone Number
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		If married - Date of Marriage	

Please notify your department of any change of address.

For OCERS Office Use Only

Entered by: _____ Date: _____
Reviewed by: _____ Date: _____

2. Beneficiary Designation

Please indicate the name of the individual(s) you wish to name as your Primary and Alternate beneficiary(ies). For complete instructions on designating beneficiaries, see the top instruction sheet of this affidavit

Primary beneficiary designation(s) - (percent of Benefit must total 100%)

1)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code
2)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code

Alternate beneficiary designation(s) - (percent of Benefit must total 100%)

1)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code
2)	Beneficiary Name	Social Security Number	Relationship	Date of Birth	% of Benefit
Home/Mailing Address					
City				State	Zip Code

3. Previous California Public Service

Are you a member of any other public retirement system in the state of California? Yes No
If yes, complete below:
Name of the other retirement system: _____
Your status : Active Member Inactive Member (not receiving benefits) Retired (receiving benefits)

4. Member Certification

I hereby affirm that the statements I have made on this Member Affidavit are true and correct to the best of my knowledge and belief.

Member Signature	Phone Number	Date
Witness Signature	Phone Number	Date

5. To Be Completed By Agency Personnel

Date Entered Continuous Service		Present Employer		Plan: <input type="checkbox"/> General <input type="checkbox"/> Safety
Payroll Title	Agency	Title Code	Payroll Range	Salary