

## ELECTED OFFICIAL MEMBER AFFIDAVIT

<b>Elected Officials</b>	<p>As a newly elected/appointed official, there is important information to consider regarding participation in the Orange County Employees Retirement System (OCERS) Defined Benefit retirement plan.</p> <ul style="list-style-type: none"> <li>Membership in the OCERS Defined Benefit retirement plan is <b>optional</b>.</li> <li>You must make an affirmative election indicating your desire to participate in the OCERS Defined Benefit retirement plan by completing this form.</li> <li>There is <b>no time limit</b> in which to elect to participate — you may make an election at any time while in office; however, membership is prospective from the date your election and member affidavit are received by OCERS.</li> <li>Once an election to participate is made, it is <b>irrevocable</b>.</li> <li><u>If you have made an election to participate in the OCERS Defined Benefit retirement plan and you are elected/appointed into a new office</u>, you must make another selection to participate in the OCERS Defined Benefit retirement plan for the period of service in the new office. <u>If you are reelected for another term</u>, your OCERS membership will continue, unless you specifically notify OCERS that you do not want to be a member for the new term. You will also have an <u>opportunity to rescind your membership election</u> for the prior term and withdraw your member contributions plus interest.</li> </ul>
<p><b>I elect to participate in the OCERS Defined Benefit retirement plan:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Member Acknowledgement)</p>	

Member Information (Please Print)				
1. Last Name		2. First Name		3. Middle Name
4. Social Security Number	5. Personal Email Address			6. Home/Cell Number
7. Mailing Address		8. City	9. State	10. Zip Code
11. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to state		12. Date of Birth	13. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Qualified Domestic Partner	
14. Date of Marriage		15. Spouse/Domestic Partner Name		

<b>Instructions for Naming Your Beneficiary</b>	<p>1. You may name one person or any number of persons as your primary or alternate beneficiary.</p> <p>a. <b>Primary Beneficiary:</b> A primary beneficiary is the person or persons who would receive a benefit from OCERS upon your death.</p> <p>b. <b>Alternate Beneficiary:</b> 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.</p> <p>c. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive.</p> <p>d. The total percentage for each category of beneficiary must total 100%. If you do not indicate a percentage, the benefit will be divided into equal parts.</p> <p>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 credit with OCERS at the time of your death, your spouse or eligible 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).</p>
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Primary beneficiary designation(s) – (Percent of Benefit must total 100%)					
16. Beneficiary Name		17. Social Security Number	18. Relationship	19. DOB	20. % of Benefit
21. Home / Mailing Address		22. City		23. State	24. Zip Code

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## Primary beneficiary designation(s) – (Percent of Benefit must total 100%)

25. Beneficiary Name	26. Social Security Number	27. Relationship	28. DOB	29. % of Benefit
30. Home / Mailing Address		31. City	32. State	33. Zip Code

## Primary beneficiary designation(s) – (Percent of Benefit must total 100%)

34. Beneficiary Name	35. Social Security Number	36. Relationship	37. DOB	38. % of Benefit
39. Home / Mailing Address		40. City	41. State	42. Zip Code

## Alternate beneficiary designation(s) – (Percent of Benefit must total 100%)

43. Beneficiary Name	44. Social Security Number	45. Relationship	46. DOB	47. % of Benefit
48. Home / Mailing Address		49. City	50. State	51. Zip Code

## Alternate beneficiary designation(s) – (Percent of Benefit must total 100%)

52. Beneficiary Name	53. Social Security Number	54. Relationship	55. DOB	56. % of Benefit
57. Home / Mailing Address		58. City	59. State	60. Zip Code

## Alternate beneficiary designation(s) – (Percent of Benefit must total 100%)

61. Beneficiary Name	62. Social Security Number	63. Relationship	64. DOB	65. % of Benefit
66. Home / Mailing Address		67. City	68. State	69. Zip Code

### Important Information for Service Credit Purchases

New members may be interested in purchasing Previous Service, Excluded Service, and/or Prior Public Service. These Service Credit Purchases (SCPs) may impact your retirement benefit formula with OCERS.

**PREVIOUS SERVICE:** This purchase type applies to members who previously worked for an OCERS Employer and withdrew their funds from OCERS.

**EXCLUDED SERVICE:** This purchase type applies to members who worked for an OCERS covered employer but did not contribute into OCERS due to the position. An example of a position that qualifies for this SCP is Extra Help under the County of Orange.

**PRIOR PUBLIC SERVICE:** This purchase type applies to members who were previously working for the State of California, a county, or city located in California. It is important that members are **not** entitled to pension benefits from another California Pension System if you wish to purchase Prior Public Service. OCERS will send the retirement system a form that must be completed after members submit the SCP request.

To request the cost of any SCPs, members can complete a Service Credit Purchase Request form OR submit a request via the myOCERS account. Please refer to our SCP Brochure for more information about these and other SCP types.

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<b>Important Information for Members with Prior Public Service</b>	<p>Prior public service may impact your retirement benefit formula with OCERS. If you were a member of OCERS in the past, and left the money on deposit, you are a deferred member of OCERS. If you were previously a member of another public retirement system in the state of California, left the funds on deposit and entered OCERS covered membership within six months, reciprocity may be established on your behalf.</p> <p>Reciprocal benefits are designed to allow employees who transfer between retirement systems to preserve and enhance their total retirement benefits. Upon retirement from all reciprocal retirement systems, the benefits are coordinated between OCERS and the other system(s). Reciprocity is established for members who terminate employment with an OCERS' covered employer and enter a reciprocal retirement system within six months. Reciprocity is also established for members who terminate from an employer covered by a reciprocal agency, leave their funds on deposit with that reciprocal agency, and enter OCERS within six months.</p> <p>Once reciprocity is established and has been verified, the following applies:</p> <ul style="list-style-type: none"> <li>• A member who transfers to a reciprocal system cannot withdraw their funds while still a member of the reciprocal system;</li> <li>• When contributions are based on age, the member's contributions will be based on the age they entered the first system;</li> <li>• Upon concurrent retirement from all reciprocal systems, service under all reciprocal retirement systems will count toward eligibility for retirement or survivor benefits;</li> <li>• Upon concurrent retirement from all reciprocal systems, the member will have the ability to use salary information from any of these systems to calculate their Final Average Salary;</li> </ul> <p>Certain restrictions apply to disability benefits when reciprocity has been established.</p>				
<b>Previous Public Service or Membership in Other Public Retirement System(s)</b>					
<p>70. Do you have previous public agency service? <input type="checkbox"/> Yes (If yes, complete section below) <input type="checkbox"/> No (If no, proceed to Member Acknowledgement)</p> <p>By providing the Prior Membership information below, I understand that OCERS may communicate with my prior retirement system(s) to validate my membership records.</p>					
<b>Public Retirement System</b>		<b>Date of Membership Entry/Exit</b>		<b>Status with last public retirement system</b>	
<input type="checkbox"/> Prior OCERS member				<input type="checkbox"/> Deferred / Funds on Deposit	<input type="checkbox"/> Retired/Withdrawn
<input type="checkbox"/> CalPERS				<input type="checkbox"/> Deferred / Funds on Deposit	<input type="checkbox"/> Retired/Withdrawn
<input type="checkbox"/> CalSTRS				<input type="checkbox"/> Deferred / Funds on Deposit	<input type="checkbox"/> Retired/Withdrawn
<input type="checkbox"/> Other _____				<input type="checkbox"/> Deferred / Funds on Deposit	<input type="checkbox"/> Retired/Withdrawn
<b>Establishing Reciprocity</b> <i>You may opt-out of Reciprocity. Be advised that this decision is irrevocable. By signing, you are acknowledging that you understand the benefits of Reciprocity as listed in the section above.</i>					
<p>71. Do you wish to establish reciprocity?</p> <p><input type="checkbox"/> Yes, I elect Reciprocity; my election is irrevocable. <input type="checkbox"/> I elect to opt out of Reciprocity; my election is irrevocable.</p>					
72. Reciprocal System		73. Entry Date in Reciprocal System		74. Last Day of Compensation	75. Total Years of Service
<b>Member Acknowledgment</b>					
<p><input type="checkbox"/> I am confirming my elections above regarding reciprocity and understand my elections are irrevocable in terms of reciprocal establishment. If electing reciprocity, I understand that by accepting employment in a specific retirement system, I am subject to the laws and regulations administered by that system. I understand that in order to retain the benefits of reciprocity, I must retire from all reciprocal systems concurrently and my contributions may not be withdrawn from OCERS or any reciprocal public agency retirement system while I am in employment as a member of OCERS or any reciprocal public agency. Furthermore, my membership information may be shared with the other retirement system(s).</p> <p><input type="checkbox"/> I hereby affirm that the statements I have made on this form are true and correct to the best of my knowledge and belief. I further understand that in reliance on these statements, OCERS will enroll me in the OCERS plan formula based on the information above; and that in the event that any of the above information is incorrect, my OCERS account will be corrected retroactively. This correction could include changes to plan formula, contribution basis age and rate, and could result in monies being owed by me to OCERS.</p>					
Member Name (*Print )			Member Signature (*Signature must be signed by hand)		Date
<b>To Be Completed by Agency Personnel</b>	Witness Name (*Print )		Witness Signature (*Signature must be signed by hand)		Date
	Agency		Payroll Title		Plan <input type="checkbox"/> General <input type="checkbox"/> Safety
	Present Employer	Date Entered Continuous Service	Title Code	Payroll Range	Salary