

Instructions for Naming Your Beneficiary

Section 2

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).

Section 3

1. 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 will be established on your behalf.



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 prior OCERS member? No , Yes . If yes, complete below:
 Former OCERS employer: _____ OCERS status: Deferred (funds are on deposit)
 Terminated (funds were withdrawn) Retired (receiving a monthly pension)
 Are you a member of any other public retirement system in CA? No , Yes . If yes, complete below:
 Name of other system: _____ Status: Deferred (funds on deposit)
 Terminated (funds were withdrawn) Retired (receiving a monthly pension)

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 |