



Mendocino County Employees' Retirement Association

625-B Kings Court, Ukiah, CA 95482

Telephone (707) 463-4328 Facsimile (707) 467-6472

Active or Deferred Member Beneficiary Designation Form

☐ New ☐ Change

Form with fields: Social Security Number, Employee ID, Last Name, First Name, Middle Name, Date of Marriage, Day Time Phone, Evening Phone, Address, City, State, Zip Code, and checkboxes for Active/Deferred.

This form will void and replace any prior nomination of beneficiaries for this benefit

Primary

Form for Primary beneficiary with fields: Beneficiary Name, Relationship, % of Benefit, Date of Birth, Social Security Number/Taxpayer ID Number, Home/Mailing Address, Daytime Phone Number, City, State, Zip Code.

☐ Primary ☐ Contingent

Form for Contingent beneficiary with fields: Beneficiary Name, Relationship, % of Benefit, Date of Birth, Social Security Number/Taxpayer ID Number, Home/Mailing Address, Daytime Phone Number, City, State, Zip Code.

☐ Primary ☐ Contingent

Form for Contingent beneficiary with fields: Beneficiary Name, Relationship, % of Benefit, Date of Birth, Social Security Number/Taxpayer ID Number, Home/Mailing Address, Daytime Phone Number, City, State, Zip Code.

I hereby confirm the beneficiary designations shown above.

Form with fields: Required Member's Signature, Date

NOTE: YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM



NOTE: Either Section A or Section B below must also be completed and signed or the form will be rejected and returned.

SPOUSAL OR DOMESTIC PARTNER ACKNOWLEDGMENT:
One of the following two sections must be completed

SECTION A: Signature of Member's Spouse or Domestic Partner

I am the spouse or state registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be "consent," "waiver," or "a transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or state registered domestic partner.*

Name of Spouse or State Registered Domestic Partner (please print)	
Spouse's or State Registered Domestic Partner's Signature	Date

* See California Probate Code Sec. 140, et. Seq; California Probate Code Sec. 5021, et. Seq; California Family Code Sec. 850, et. Seq.

SECTION B: Declaration of Reason for Absence of Spouse's or Domestic Partner's Signature

I declare under penalty of perjury under the laws of the State of California that:

- I am not married or registered with the Secretary of State under a domestic partnership.
- My current spouse or domestic partner has no identifiable community property interest in any MCERA benefits earned through my employment.
- I do not know, and have taken reasonable steps to determine, the whereabouts of my current spouse or domestic partner.
- My current spouse or domestic partner has been advised of this designation of beneficiaries and has refused to sign the written acknowledgment.
- My current spouse or domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement pursuant to California Family Code §§1500-1620 that makes the community property law inapplicable to our marriage or domestic partnership.

Member's Signature	Date
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