



INSTRUCTIONS FOR BENEFICIARY DESIGNATION FORM

SECTION 1: MEMBER INFORMATION

- Complete section completely.

SECTION 2: BENEFICIARY DESIGNATION

- It is important to keep your designation(s) current to simplify the payment process to your beneficiary(ies).
- Your designation will be valid until the date you file a new Beneficiary Designation Form with VCERA.
- You may name a person, trust, estate or charitable organization as a beneficiary.
- A **Primary Beneficiary** will receive a VCERA benefit upon your death. If a primary beneficiary predeceases you, his/her portion of the benefit will be divided among your remaining primary beneficiaries, unless you designate otherwise on this form.
- A **Contingent Beneficiary** will receive a VCERA benefit if you have no living primary beneficiaries at your death. If all beneficiaries predecease you, any benefits due will be paid to your estate, unless you designate otherwise on this form.
- If you name more than one person in either category, please indicate what percentage of the benefit each individual is to receive. Percentages for each category must total 100% and must be whole numbers, such as 33%, not 33.33% or 1/3.

SECTION 3: NAMING A TRUST

- Only complete section if you are naming a trust as your beneficiary. Please provide all pages of your trust.

SECTION 4: DEATH BENEFIT DESIGNATION (RETIREES ONLY)

- A retired member can designate any “death benefit beneficiary”—even someone not named in Section 2—to receive a one-time, lump-sum \$5,000 death/burial benefit after the member dies.

SECTION 6: REQUIRED SIGNATURES

- You and, if applicable, your spouse or registered domestic partner must sign and date the form.

DEATH BENEFIT ELIGIBILITY AND OPTIONS

- **ACTIVE MEMBERS:** Benefits will depend on years of retirement service, whether the death was nonservice-connected or service-connected, and if there was an eligible spouse, registered domestic partner or minor child(ren).
- **DEFERRED MEMBERS:** There is a one-time, lump-sum payment equal to the contributions and interest in the member’s VCERA account. Additional options may be available if outbound reciprocity applied.
- **RETIRED MEMBERS:** The \$5,000 death/burial benefit may be reduced for members with outgoing reciprocity. Also, an eligible beneficiary of a deceased retired member may receive a monthly retirement benefit, payable for life, based on the retirement option elected at retirement. Each option provides a different “continuance benefit” percentage to the beneficiary(ies). For more information, visit www.vcera.org or contact VCERA.

LAWS GOVERNING DESIGNATION OF BENEFICIARIES

- The rights and claims of your eligible surviving spouse, registered domestic partner or minor child(ren) to receive a retirement benefit may be superior to and supersede the rights and claims of any other named beneficiary. Under certain circumstances, minor children may have superseding rights to registered domestic partners.
- If you are retired and have a spouse or registered domestic partner, please submit proof of State registration of marriage or domestic partnership and a copy of your spouse/partner’s birth certificate. These documents will be required prior to processing death benefits.
- Upon dissolution or termination of a marriage or domestic partnership, the beneficiary designation of your former spouse or registered domestic partner (RDP) made prior to the dissolution or termination is automatically revoked. A new Beneficiary Designation Form must be completed. However, you may name a former spouse or RDP as a beneficiary, provided the new form is signed after the date of dissolution or termination. If a new form is not completed, any death benefits due will be paid to your contingent beneficiary(ies) or, if there is none, to your estate.



BENEFICIARY DESIGNATION FORM

SECTION 1: MEMBER INFORMATION

Last Name		First Name		M.I.	SSN (last 4 digits) or VCERA ID
Home/Mailing Address		Home Phone Number		Cell Phone Number or Email Address	
City		State		Zip Code	Birth Date
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Member Type: <input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced* <input type="checkbox"/> Legally Separated		

* Provide copy of your Judgment of Dissolution and Marital Settlement Agreement, if available.

SECTION 2: BENEFICIARY DESIGNATION

Please indicate the individual(s) you wish to name as your primary and contingent beneficiary(ies) to receive a post-death retirement benefit or payout. For complete instructions on designating beneficiaries, see page 3. **“Primary” percentages must total 100%. If applicable, “Contingent” percentages must also total 100%. Do not use decimals or fractions.**

Beneficiary Type: <input type="checkbox"/> Primary	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security Number
Last Name, First Name, M.I.		Home Phone Number	Cell Phone Number or Email Address	
Mailing Address		City	State	Zip Code

SECTION 3: NAMING A TRUST

If naming a trust, please attach the full trust document. Indicate below if the trust is a primary or contingent beneficiary. A trust is not eligible to receive a continuance of your monthly retirement benefit, if applicable.

Name of Trust	Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage
Name of Successor Trustee (Last Name, First Name, M.I.)	Home Phone Number	Cell Phone Number or Email Address
Mailing Address	City	State Zip Code

To list additional beneficiaries in Section 2 or Section 3, attach a separate page (signed and dated) that supplies the same beneficiary information requested above.



SECTION 4: DEATH BENEFIT DESIGNATION (RETIREES ONLY)

A separate beneficiary may be named below to receive a \$5,000 lump-sum, death/burial benefit. If no beneficiary is named here, the benefit will default to your designated primary beneficiary(ies).

Last Name, First Name, M.I.	Relationship	Date of Birth	Social Security Number
Mailing Address	City	State	Zip Code
Home Phone Number	Cell Phone Number or Email Address		

SECTION 5: DECLARATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

If your spouse or registered domestic partner is unable to sign this Beneficiary Designation Form (see Section 6), you must provide a reason below. Check all boxes that apply. Please note that VCERA may require you to supply documentation verifying your selection(s).

1. I am not legally married or in a registered domestic partnership because:

- I have never been married or registered with the Secretary of State under a domestic partnership.
- I am divorced, annulled or my registered domestic partnership terminated on _____ Date
- My spouse or registered domestic partner passed away on _____ Date

2. I am married or have a registered domestic partner. However, my spouse or domestic partner did not sign this form because:

- My current spouse or domestic partner has no identifiable community property interest in any VCERA benefits earned through my employment.
- I do not know the whereabouts of my current spouse or domestic partner, and I have taken all reasonable steps to determine his or her whereabouts.
- My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement.
- My current spouse or domestic partner is incapable of executing the acknowledgement 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 that makes the community property law inapplicable to the marriage or partnership.

Please provide the name of your spouse or domestic partner, if applicable: _____
Name of Spouse or Domestic Partner

SECTION 6: REQUIRED SIGNATURES

Beneficiary information is not valid without the member's signature. If you are not married or in a registered domestic partnership, please indicate "Not Applicable" or "N/A" in the Spouse/Domestic Partner Signature line. If you are married or in a registered domestic partnership and your spouse/partner is unable to sign, you must indicate a reason on the *Declaration* in Section 5 above. This form replaces all prior VCERA beneficiary designations.

Member Signature	Date
Spouse/Domestic Partner Signature	Date