



BENEFICIARY DESIGNATION FORM

Member Information

Last Name		First Name		M.I.	Social Security No.
Home/Mailing Address				Phone Number	
City		State	Zip Code		Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email			Member Status <input type="checkbox"/> Active <input type="checkbox"/> Deferred <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member <input type="checkbox"/> DRO Alternate Payee	

Percentages must total 100% for each Beneficiary Type (Primary or Contingent) and must be whole numbers (for example, 33%, not 33.33%, not 1/3).

Beneficiary Information

Beneficiary Type <input type="checkbox"/> Primary	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number		Alternate Phone or Email
Mailing Address		City	State	Zip Code

Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number		Alternate Phone or Email
Mailing Address		City	State	Zip Code

Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number		Alternate Phone or Email
Mailing Address		City	State	Zip Code

Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number		Alternate Phone or Email
Mailing Address		City	State	Zip Code

For additional beneficiaries, please attach a separate signed and dated sheet.

Beneficiary information is not valid without the member's signature. If you are not married/in a domestic partnership, please indicate "Not Applicable" or "N/A" in the block for Spouse/Domestic Partner signature. If you are married/in a registered domestic partnership and your spouse/domestic partner is unable to sign below, you must provide a reason on the reverse side of this form. This form replaces all prior VCERA beneficiary designations.

Required Signatures

Member Signature	Date
Spouse / Domestic Partner Signature	Date



Declaration for Absence of Spouse or Registered Domestic Partner's Signature

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 (MM/DD/YYYY)
- My spouse or registered domestic partner passed away on _____.
Date (MM/DD/YYYY)

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



BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Type or print all sections of the form using blue or black ink. If you make an error, cross out and initial your change.

- You may name a person, Trust, Estate, or organization as a beneficiary.
- A **Primary Beneficiary** will receive a benefit from VCERA upon your death. If a primary beneficiary predeceases you, his or her portion of the benefit will be divided among your remaining primary beneficiaries.
- A **Contingent Beneficiary** will receive a benefit from VCERA if you have no living Primary Beneficiaries at the time of your death. If all beneficiaries predecease you, any benefits due will be paid to your Estate.
- If you name more than one beneficiary in either category (Primary or Contingent), you must indicate what percentage of the benefit you want each beneficiary to receive. Percentages must total 100% for each Beneficiary Type (Primary or Contingent) and must be whole numbers (for example, 33%, not 33.33%, not 1/3).
- If naming a Trust as a beneficiary, a Trust Addendum must be attached to this Beneficiary Form. The Trust Addendum is available at <http://www.ventura.org/vcera> or by calling VCERA at (805) 339-4250.

Example:

Beneficiary Type <input checked="" type="checkbox"/> Primary	Percentage 100%	Relationship Spouse
Beneficiary Type <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	Percentage 34%	Relationship Son
Beneficiary Type <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	Percentage 33%	Relationship Daughter
Beneficiary Type <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	Percentage 33%	Relationship Son

Laws Governing the Designation of Your Beneficiary(ies)

- 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/domestic partnership and a copy of your spouse/partner's birth certificate as this information will be required prior to processing death benefits.
- Upon dissolution or termination of a marriage or domestic partnership, any Beneficiary Designations made prior to the dissolution or termination are automatically revoked. As a result, you will need to complete a new Beneficiary Designation Form. If a new Beneficiary Form is not completed, any death benefits due will be paid to your Estate.

Summary of Death Benefit Eligibility and Options

- For **Retired Members**, there is a one-time death benefit of \$5,000.00, which may be reduced for retirees with outbound reciprocity. If the Unmodified Retirement Option was elected, an eligible spouse, registered domestic partner or minor child(ren) may be eligible for a monthly retirement benefit. If Retirement Option 2, 3, or 4 was elected, a monthly retirement benefit is payable only to the beneficiary(ies) named at the time of retirement.
- For **Deferred Members**, there is a one-time death benefit equal to the contributions and interest in the member's VCERA account. Additional options may be available for deferred members with outbound reciprocity.
- For **Active Members**, benefits payable will depend on years of retirement service, whether the death was nonservice-connected or service-connected, and whether there is an eligible spouse, registered domestic partner, or minor children.
- It is important to keep your beneficiary designation(s) current. In the event of your death, it will simplify the payment process for your beneficiaries. Update your beneficiary information in response to such events as birth, death, marriage, divorce, domestic partnership registration or termination and beneficiary's change of address.

Additional death benefits and eligibility criteria may apply. For additional information, please see the VCERA Member Handbook at <http://www.ventura.org/vcera> or contact VCERA at (805) 339-4250.