



RETIREMENT APPLICATION PACKET INFORMATION

VCERA's Retirement Application Packet includes several forms that must be completed and returned within 60 days of your intended date of retirement. Your Application for Retirement may be delivered to VCERA by mail or in person, but please schedule an appointment with a VCERA Benefits Specialist to submit your application if you have questions at that time.

If you are a reciprocal member, contact your reciprocal retirement system(s) at least 90 days prior to your retirement date. All service credit purchases must be paid in full prior to your retirement date. If you are eligible to have vacation/annual leave redemptions included in your retirement calculation, redemptions must be completed prior to your last pay period in order to be included. Contact your employer's Human Resources representative no later than 6 weeks before retiring to submit your notice of intention to retire; VCERA cannot calculate your retirement benefit until your department removes you from payroll.

Application for Retirement

Complete all sections on this form. Your retirement date must be **after** your employment terminates. In most cases, this is the day after your last day compensated. Make sure you fully understand all available retirement options before making your election. Once you receive your first benefit payment, you cannot change your election. Your spouse/registered domestic partner (if applicable) also needs to sign the application. You must include a photocopy of the following documentation:

- Proof of your birth (birth certificate or passport).
- Official certificate of marriage or domestic partnership registration, if applicable.
- Proof of birth for your spouse or registered domestic partner, if applicable.

NOTE: Most birth and marriage certificates can be ordered at www.vitalchek.com. Also, having an unresolved dissolution of marriage or domestic partnership could delay the processing of your retirement. Please notify VCERA of community property claims well in advance of submitting your Retirement Application Packet.

Beneficiary Designation Form

Complete this form by designating a primary beneficiary(ies) and, if applicable, a contingent beneficiary(ies). A contingent beneficiary will receive a VCERA benefit only if you have no living primary beneficiary at your death. You may name a person, trust, estate or organization as a beneficiary. After retirement, keep your beneficiary information up to date by completing a new Beneficiary Designation Form, available at www.vcera.org.

Federal and California State Tax Withholding Request Form

Refer to the enclosed Taxation of Your Retirement Benefit guide before completing the Federal and California State Tax Withholding Request Form. VCERA is unable to withhold income taxes for any state other than California. Make sure your benefit, after other deductions, is large enough to cover the amount you want withheld. If it is not, one or more of your payroll deductions could be automatically discontinued. *If you do not make an election, federal and California state tax will be withheld based on the filing status of "married with three allowances."* After retirement, you can change your tax-withholding election by completing a new form, available at www.vcera.org.

Direct Deposit Authorization Form

Complete this form to establish direct deposit with your financial institution. Your first retirement check will be mailed or direct deposited 30-90 days after your date of retirement, although certain factors, such as reciprocity, could cause a delay. VCERA will send you a confirmation letter stating when to expect your first benefit payment. Subsequent benefit payments will be direct deposited on the last business day of each month. After retirement, your direct deposit can be changed by completing a new Direct Deposit Authorization Form, available on the VCERA website. A schedule of retiree paydays is available at www.vcera.org.

OTHER IMPORTANT INFORMATION

Supplemental Benefits

You may be eligible to receive a supplemental benefit of \$108.44 per month in addition to your monthly retirement benefit. To be eligible, you must have joined VCERA before 2006 or you must be vested (i.e., five years of eligible VCERA service), excluding reciprocal service, at the time of retirement. Your eligible survivor will receive 100% of your supplemental benefit in addition to his/her monthly continuance benefit. Supplemental benefits are not eligible for cost-of-living adjustments.

Post-Retirement Employment

After retiring with VCERA, you can work for an employer that does *not* participate in VCERA without affecting your retirement benefit. However, if you want to return to work for the County of Ventura, Ventura County Superior Court or a participating district, several legal requirements will apply, including CalPEPRA code section 7522.56 and Internal Revenue Code 401(a). Please refer to the enclosed Retiree Return-to-Work Flowchart for additional information.

Deferred Compensation

For information on your Ventura County 401(k) and 457 plans, contact Fidelity at (800) 343-0860 or the Ventura County Human Resources Department at (805) 654-2620 or deferred.compensation@ventura.org.

Change of Address, Marital Status, or Name

For the protection of your account and benefit payments, it is important to keep your information current with VCERA. Your benefit payments could be suspended if communications from VCERA are repeatedly returned due to an incorrect address. If you move out of California, you may want to discontinue your state tax withholding and update your address. If your marital status changes, you may need to designate a new beneficiary, update your tax withholding and/or change your name. Please return your change form(s) with any required legal documentation. Lastly, to avoid overpaying benefits, your beneficiary should notify VCERA as soon as possible when you pass away.

VOLUNTARY DEDUCTIONS

The following deductions are optional and, with your approval, can be taken from your monthly retirement benefit. To start, change or stop a voluntary deduction, you must directly contact the applicable agency(ies).

Medical Insurance

Contact your Retiree Healthcare Coordinator 60 days prior to your retirement date to obtain eligibility guidelines:

- Ventura County Human Resources: (805) 662-6791
- Ventura County Deputy Sheriffs' Association: (805) 639-9218
- Ventura County Firefighters' Association: (805) 484-8844
- Ventura Regional Sanitation District: (805) 658-4645

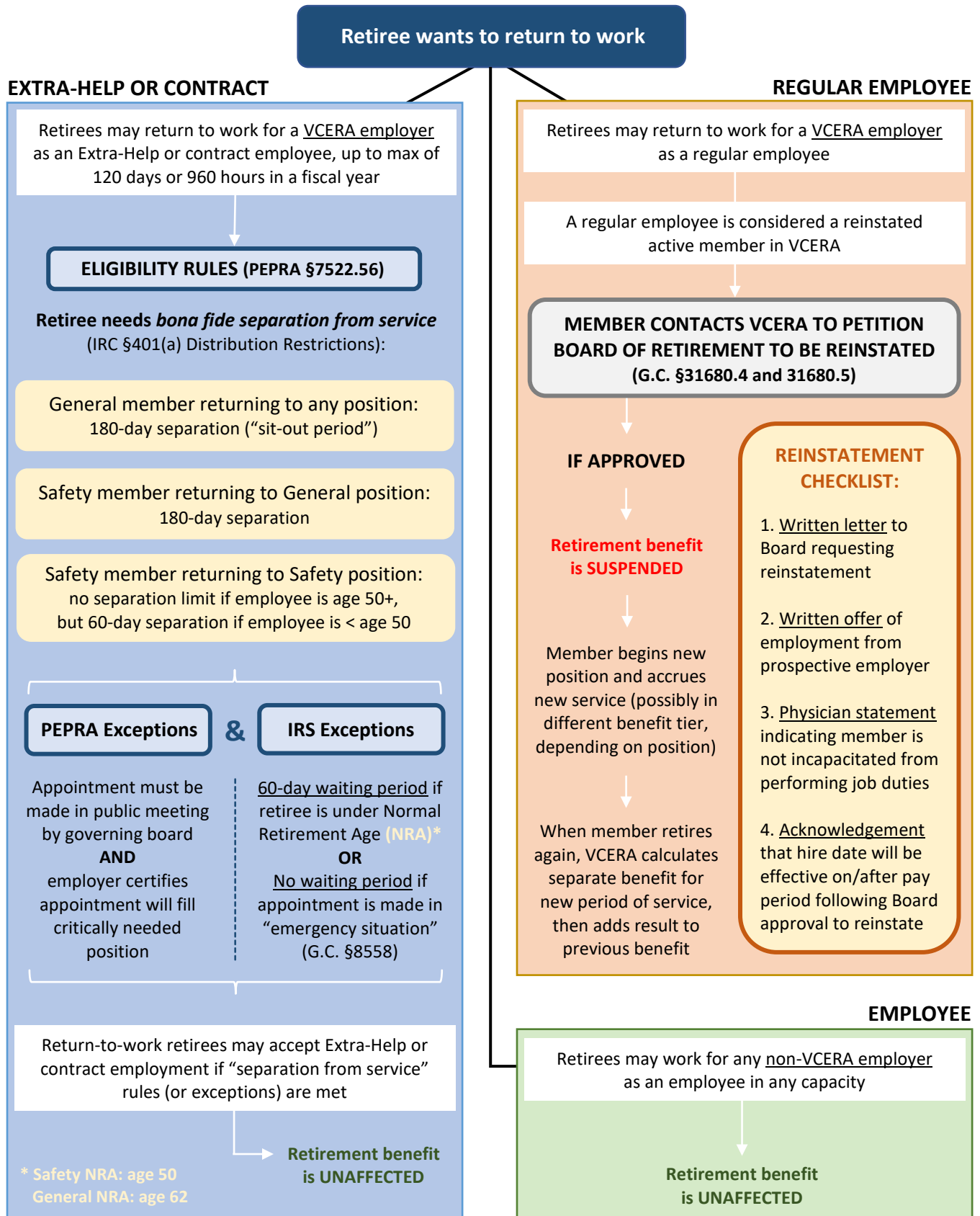
REAVC

The Retired Employees Association of Ventura County (REAVC) is an organization comprised of retirees from the County of Ventura and participating districts. If you join, you can authorize REAVC's monthly membership dues to be deducted from your VCERA benefit. Membership applications are available at www.reavc.org.

Other Deductions

- United Way of California: (805) 485-6288 or info@vcunitedway.org
- Health Care Foundation for Ventura County: (805) 652-3361
- SEIU Local 721: (877) 721-4968
- Pacific Group Agencies: (800) 511-9065
- CalPERS Long-Term Care Insurance: (800) 982-1775
- VSP Vision Plan: (800) 400-4569

RETIREE RETURN-TO-WORK FLOWCHART



Extra-Help Only: Members who have received unemployment insurance in the previous 12 months arising out of employment with a VCERA employer are not eligible to return to work for that employer in any capacity (PEPRA §7522.56).



TAXATION OF YOUR RETIREMENT BENEFIT

General Information

Retirement benefits (including certain disability retirement benefits) are generally considered taxable income under both federal and State of California income tax laws. At the time of retirement, you may elect to have federal and/or California State taxes withheld from your monthly VCERA benefit at whatever rate you choose. After retirement, you may update your election or change the amount withheld by completing and submitting a new Federal and California State Tax Withholding Request Form.

For those who elect to have their withholding based on tax tables, taxes will not be withheld unless your taxable monthly retirement benefit exceeds the minimum amount listed on the tax table for your filing status. If you do not make an election, VCERA will automatically withhold taxes based on the filing status of "married with three allowances." You may be subject to penalties assessed by the Internal Revenue Service if you do not have sufficient taxes withheld.

VCERA does not withhold state income taxes for any state other than California. If you live outside of California, no California state taxes will be withheld unless you designate otherwise.

Taxable Amount of Your Benefit

The taxable portion of your retirement benefit will be calculated using the Internal Revenue Service's Simplified Method ("Special Rule"). Under this method, a retiree has a certain number of years to recover after-tax retirement contributions, a calculation based on his/her age or the combined ages of the retiree and eligible continuance beneficiary. Any post-tax contributions will be amortized and recovered over a specified number of benefit payments, per IRS rules.

Service-Connected Disability Retirement

If you retire with a service-connected disability retirement, a benefit amount equal to 50 percent of your final average compensation is excludable from your taxable income for federal tax purposes, as provided by Section 104(a)(1) of the Internal Revenue Code. Any cost-of-living adjustment (COLA) payments attributable to that non-taxable benefit is also excludable. Any remaining benefit amount or COLA is taxable. For questions regarding the taxation of your disability retirement benefit, you should consult with your personal tax advisor.

1099-R Tax Statement

Each year at the end of January, VCERA will mail you an IRS Form 1099-R showing the total retirement income and taxable portion paid to you during the preceding tax year. On the form, Box 1 ("Gross Distribution") contains the total amount paid to you. Box 2a ("Taxable Amount") contains the amount of your gross payments considered taxable income. Box 9b ("Total Employee Contributions") contains the balance of after-tax contributions left to recover, if any.

Additional Information

VCERA cannot provide you with tax advice regarding the taxation of your retirement benefit or federal or state tax withholding. If you have questions regarding these subjects, please contact:

- Internal Revenue Service: (800) 829-1040
- State of California Franchise Tax Board: (800) 852-5711
- Your personal tax advisor

You may also obtain a copy of Internal Revenue Service Publication 575 ("Pension and Annuity Income") or visit www.irs.gov for more information on the taxation of your retirement benefit.



APPLICATION FOR RETIREMENT

(Please type or print. Application must be submitted prior to your date of retirement.)

MEMBER INFORMATION

Last Name	First Name	M.I.	SSN (last 4 digits)
Mailing Address			Date of Birth
City	State	Zip Code	Home Phone Number
Email Address			Cell Phone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	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		

SPOUSE/REGISTERED DOMESTIC PARTNER INFORMATION (if applicable)

Last Name	First Name	M.I.	Social Security Number
Date of Marriage/Registration	Phone Number	Date of Birth	

RETIREMENT INFORMATION

Effective Date of Retirement	Department/Agency
Type of Retirement: <input type="checkbox"/> Regular Service Retirement <input type="checkbox"/> Service Retirement pending outcome of Disability Retirement <input type="checkbox"/> Disability Retirement: Service-Connected <input type="checkbox"/> Disability Retirement: Nonservice-Connected	
Are you aware of any pending administrative appeal, arbitration/settlements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that my voluntary retirement is irrevocable once my first benefit payment is issued; that my rights during an appeal of my employment status (e.g., grievance, arbitration, court proceeding) may be affected by my retirement; and that reinstatement to post-retirement employment with a VCERA employer is subject to the plan provisions governing reinstatement. I elect to retire with this knowledge: _____ (initials).	

RECIPROCITY (if applicable)

You must file a separate retirement application at each reciprocal agency using the same retirement date on all applications.

Reciprocal Agency

ELECTION OF HIGHEST CONSECUTIVE MEASUREMENT PERIOD

<input type="checkbox"/> I hereby authorize VCERA to identify my highest consecutive measurement (FAC) period pursuant to Government Code sections 31462, 31462.1, 7522.10, 7522.34 and 7522.42 for determining the total <i>compensation earnable</i> or <i>pensionable compensation</i> to be used in the final calculation of my monthly retirement benefit.

BENEFIT PAYMENT OPTIONS

Each retirement option listed below will affect your monthly retirement benefit amount differently, but in all cases your benefit will be paid throughout your lifetime. The survivor benefits available to your eligible beneficiary(ies) may also be impacted by your election. Upon receipt of your first benefit payment, your retirement option becomes irrevocable, so consider your choices carefully. Do not make an election until you are satisfied that you fully understand each option. For assistance in better understanding the options below, please contact VCERA.

I elect the following retirement option (*check ONE box only*):

<input type="checkbox"/>	UNMODIFIED OPTION	A monthly benefit payable for life. A continuance of 60% (or 100% if retired for service-connected disability) is payable upon your death to an eligible surviving spouse, registered domestic partner or minor child(ren). A spouse/partner is eligible if you were married/registered at least one year prior to your retirement date (on your retirement date for service-connected disability) or if you have been married at least two years as of your date of death and your spouse is age 55 or older. If you pass away and there is no eligible surviving spouse/partner, your minor child(ren) may be eligible for a continuance until age 18 (continuing through age 21 if they remain unmarried and regularly enrolled as full-time students in an accredited school). If there is no survivor eligible for a continuance, any undistributed contributions and interest in your account will be paid to your named beneficiary(ies), which can be updated at any time. If all named beneficiaries predecease you, any benefit due will be paid to your trust or estate.
<input type="checkbox"/>	OPTION 1	A reduced monthly benefit payable for life. With this option, the contributions and interest in your retirement account are distributed at a slower rate. Upon your death, any undistributed contributions and interest in your account will be paid to your estate or to a beneficiary with an insurable interest in your life. You may update your beneficiary at any time, but you will need to complete an Insurable Interest Form, unless you designate your estate.
<input type="checkbox"/>	OPTION 2*	A reduced monthly benefit payable for life. Upon your death, the beneficiary you name at retirement will receive a continuance of up to 100%, payable for life. The amount of your monthly benefit will be affected by the age of your continuance beneficiary. Once designated, you may not change your beneficiary for any reason. If your beneficiary predeceases you, the continuance is not transferable to another person. If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.
<input type="checkbox"/>	OPTION 3	A reduced monthly benefit payable for life. Upon your death, the beneficiary you name at retirement will receive a continuance of 50%, payable for life. The amount of your monthly benefit will be affected by the age of your continuance beneficiary. Once designated, you may not change your beneficiary for any reason. If your beneficiary predeceases you, the continuance is not transferable to another person. If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.
<input type="checkbox"/>	OPTION 4*	A reduced monthly benefit payable for life. Upon your death, the beneficiary(ies) you name at retirement will receive a continuance totaling up to 100%, payable for life, and you specify the percentage each person will receive. The amount of your monthly benefit will be affected by the age of your youngest continuance beneficiary. Once designated, you may not change your beneficiary(ies) for any reason. If your beneficiaries predecease you, the continuance is not transferable to another person. If one of your beneficiaries dies, his or her benefit is not distributed among the remaining beneficiary(ies). If you are naming a beneficiary who is not a spouse or partner, please contact VCERA, as you may be required to complete an Insurable Interest Form and a Retirement Benefits Waiver.

* Internal Revenue Service Code 401(a)(9) contains rules and regulations that may reduce the maximum continuance benefits payable under Option 2 or Option 4 if there is an "adjusted age difference" of more than 10 years with a non-spouse beneficiary.

You must elect one of the five retirement options above.

The "Level Income Option" described below is independent of the five retirement options.

<input type="checkbox"/>	LEVEL INCOME OPTION	Election of an increased monthly VCERA benefit before age 62 based on your estimated Social Security benefit at age 62. At age 62, your monthly VCERA benefit will be significantly reduced for life by an actuarially determined amount, regardless of whether you apply for your Social Security benefit. This option cannot be chosen if you are age 62 or older at retirement, if you will not be eligible for a Social Security benefit in the future, or if you are retiring with a disability. <i>Please provide VCERA with your most recent Earnings & Benefit Statement from Social Security.</i>
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MEMBER AUTHORIZATION

I wish to receive my monthly retirement benefit from the Ventura County Employees’ Retirement Association (VCERA) in the payment form elected under the Benefit Payment Options section of this application. I acknowledge that I have been informed of all termination options, including the option to withdraw contributions. I understand that I may make changes to the elections made in this application, including my effective date of retirement and retirement option, at any time prior to receiving my first monthly benefit payment from VCERA. I understand that once I begin receiving a monthly retirement benefit, my election of the retirement option is binding and may not be changed for any reason.

I understand that it is my responsibility to notify my employer’s Human Resources department about my retirement. I also understand that my retirement will not be processed until my separation paperwork has been processed by my employer. I certify that I have not entered into a pre-determined agreement (either written or unwritten) to return to work with the County of Ventura or a participating district after my retirement. I understand that under IRS rules and regulations, I am not eligible for retirement benefits unless I have a “bona fide separation from service” with my employer, which means I must be separated for the number of days indicated on the enclosed Retiree Return-to-Work Flowchart, unless an exception applies. If I am under Normal Retirement Age, I agree that, if the VCERA Board of Retirement determines that I have not had a “bona fide separation from service,” my retirement benefit will be suspended until I have terminated employment and 1) met “bona fide separation from service” requirements or 2) attained Normal Retirement Age, as established by VCERA in its retirement regulations. I also understand that if I return to active service with the County of Ventura or a participating district, my monthly retirement benefit will be suspended on the day prior to my rehire date.

I have been provided estimates of the retirement benefits that would be payable to me under the retirement options applicable to me as well as information regarding survivor benefits to my beneficiary(ies). I have also read and understand the Retirement Application Information document included in the retirement packet.

In the event that an error is discovered in the calculation of my benefits after I retire, I agree that VCERA may adjust my monthly retirement benefit prospectively to reflect the accurate calculation of my benefit. I further agree to return any overpaid benefits that were mistakenly disbursed to me by VCERA, including but not limited to VCERA reducing my monthly retirement benefit until full recovery of the overpaid amount, following an advance notice to me.

Member Signature	Date
Spouse/Domestic Partner Signature (if applicable)**	Date

*** If you do not have a spouse/domestic partner, please indicate “Not Applicable” or “N/A” in the Spouse/Domestic Partner Signature line. If you do have a spouse/domestic partner who is unable to sign, you must indicate a reason on the Declaration for Absence of Spouse or Registered Domestic Partner on the next page.*

- You must include a photocopy of the following documentation:**
- Proof of your birth (copy of birth certificate or passport)
 - Official certificate of marriage or domestic partnership (if married or in registered domestic partnership)
 - Proof of birth for your spouse or registered domestic partner (if married or in registered domestic partnership) or your Option 1, 2, 3 or 4 beneficiary, who has an insurable interest in your life

DECLARATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

If your spouse or registered domestic partner is unable to sign the retirement application on page 3, 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



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.
- 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.
- 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 registered domestic partnership, any beneficiary designations made prior to the dissolution or termination are automatically revoked. You will need to complete a new Beneficiary Designation Form. If a new form is not completed, any death benefits due will be paid 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	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



DIRECT DEPOSIT AUTHORIZATION FORM

Last Name	First Name	M.I.	SSN (last 4 digits)
Mailing Address			
Phone Number	Payee Type: <input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee		

Complete this form to authorize VCERA to deposit your monthly retirement benefit electronically to your designated U.S. financial institution(s). Your net benefit amount will be deposited on the last business day of the month, excluding weekends and holidays, and a detailed Earnings Statement will be mailed to you each month, unless you elect paperless statements. A new direct deposit authorization request may trigger a 1-time physical check in the mail before direct deposit resumes. *VCERA cannot establish direct deposit with foreign financial institutions.* To stop or decline direct deposit, check the applicable box below and sign at the bottom.

DIRECT DEPOSIT REQUEST

<input type="checkbox"/> Start: Start the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> Change: Change the direct deposit of my monthly retirement benefit to the financial institution(s) listed below.
<input type="checkbox"/> Stop: Stop the direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.
<input type="checkbox"/> Decline: Decline direct deposit of my monthly retirement benefit. Delivery of benefit payments will be subject to the USPS.

I authorize VCERA and the financial institution(s) listed below to deposit my monthly retirement benefit payment automatically each month and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. I understand and agree that my direct deposit may be stopped if I fail to keep VCERA informed of my current address. I attest that I am named on the account(s) indicated below in accordance with VCERA policy.

Member Signature	Date
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FINANCIAL INSTITUTION #1

Institution Name	Phone Number		
Mailing Address		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ABA Routing Number	Account Number	Deposited Amount: <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount: \$ _____	

FINANCIAL INSTITUTION #2 (optional)

Institution Name	Phone Number		
Mailing Address		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
ABA Routing Number	Account Number	Deposited Amount: <input type="checkbox"/> Net Balance	

PLEASE ATTACH A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS) HERE

**or provide a letter from your financial institution
displaying the ABA routing number and account number.**



VCERA
VENTURA COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION

1190 SOUTH VICTORIA AVENUE, SUITE 200
VENTURA, CA 93003
PHONE: (805) 339-4250
FAX: (805) 339-4269
WWW.VCERA.ORG

INSTRUCTIONS REGARDING FEDERAL AND STATE INCOME TAX WITHHOLDING ON RETIREMENT INCOME

You may elect to have federal and/or California income taxes withheld from your monthly VCERA benefit at whatever rate you choose. You may elect one of the following options: 1) no tax withholding, 2) withholding based on federal and state tax tables, and/or 3) withholding a specific dollar amount.

To make an election, complete the *Federal and California State Tax Withholding Request Form* on the next page and return it to VCERA. The form includes separate sections for making federal withholding and State of California withholding elections. **Generally, VCERA retirees residing outside California may not be required to pay California state tax on their monthly benefits.** Please consult with your tax advisor to determine the California taxability of your retirement benefit.

If you do not file this election form with your Application for Retirement, federal and California state taxes *will* be withheld from your retirement benefit, beginning with your first retirement check, and will be based on the filing status of "married with three allowances."

If you decide to have federal or California state income tax withheld from your retirement benefit, it is your responsibility to make sure that your net benefit payment (i.e., after other deductions) is large enough to cover the amount you want withheld for taxes and other payroll deductions. If it is not, one or more of your other payroll deductions could be automatically discontinued.

Your tax-withholding election will remain in effect until you revoke it. You may revoke your election or change the amount or percentage withheld by VCERA by completing a new *Federal and California State Tax Withholding Request Form*, available at www.vcera.org. Please expect a short delay while VCERA processes your tax-withholding request.

If you elect not to withhold federal or California state income tax from your retirement benefit or if you do not withhold enough tax, you may be responsible to pay estimated tax. Additionally, you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Any tax withheld by VCERA may not be refunded to you by VCERA.

VCERA cannot provide you with advice on federal or state tax withholding. Please contact your accountant or tax attorney, the State Franchise Tax Board or the Internal Revenue Service for information on your individual tax situation.



FEDERAL AND CALIFORNIA STATE TAX WITHHOLDING REQUEST FORM

(Please read instructions before completing this form.)

Name: _____ Address: _____ SSN (last 4 digits): _____ Phone #: _____	<input type="checkbox"/> Member <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member or Alternate Payee
<p><u>FEDERAL WITHHOLDING REQUEST</u></p> <p><i>Select <u>one</u> of the following two choices:</i></p> <p><input type="checkbox"/> 1. I elect <u>NOT</u> to have federal income tax withheld from my monthly retirement benefit.</p> <p><input type="checkbox"/> 2. (a) I elect to have my federal tax withholding from my monthly retirement benefit computed using the number of allowances and marital status indicated below:</p> <p style="margin-left: 40px;">Number of Allowances: _____</p> <p style="margin-left: 40px;">Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at the higher "Single" rate</p> <p><input type="checkbox"/> (b) I elect to have the following amount withheld <i>in addition to</i> the amount computed under 2(a) above: \$ _____</p>	
<p><u>CALIFORNIA STATE WITHHOLDING REQUEST</u></p> <p><i>Select <u>one</u> of the following three choices:</i></p> <p><input type="checkbox"/> 1. I elect <u>NOT</u> to have California state income tax withheld from my monthly retirement benefit.</p> <p><input type="checkbox"/> 2. (a) I elect to have my California state tax withholding from my monthly retirement benefit computed using the number of allowances and marital status indicated below:</p> <p style="margin-left: 40px;">Number of Allowances: _____</p> <p style="margin-left: 40px;">Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at the higher "Single" rate</p> <p><input type="checkbox"/> (b) I elect to have the following amount withheld <i>in addition to</i> the amount computed under 2(a) above: \$ _____</p> <p><input type="checkbox"/> 3. I elect to have the following amount withheld for California state income tax from each monthly benefit payment: \$ _____</p>	
Member Signature _____	Date _____

***** THIS FORM REPLACES ANY PRIOR WITHHOLDING ELECTION FILED WITH VCERA. *****



SEIU COLA CONTRIBUTIONS DISTRIBUTION FORM

Name	SSN (last 4 digits)
Address, City, State, Zip	Telephone Number

You have the option to withdraw all or part of your SEIU COLA contributions. Your SEIU COLA contributions are used to fund a 2% cost-of-living adjustment on eligible SEIU COLA service on April 1 each year after you retire. SEIU COLA contributions include your taxable and nontaxable COLA contributions plus interest credited to those contributions.

If you elect to withdraw 100% of the contributions you have made to the COLA fund, you will not receive an increase in your monthly retirement benefit for any service rendered after March 12, 2005. However, you will still be eligible to receive an annual COLA on service rendered from March 16, 2003 to March 12, 2005.

If you elect to withdraw less than 100% of the contributions you have made to the COLA fund, the period of service that will be eligible for COLAs after you retire will be reduced accordingly. For example, if you have made COLA contributions for two years and withdraw one-half of your contributions, you will receive an annual COLA on the remaining one year of covered service.

Select one of the following options:

- I elect **NOT** to receive a refund of my SEIU COLA contributions.

- Cash Distribution:** I elect to withdraw _____ % of my taxable and non-taxable SEIU COLA contributions. A lump sum payment will be paid directly to me. I understand that if the taxable amount exceeds \$200.00, VCERA is required to withhold 20% of the taxable amount for federal income tax. Please indicate below if you would like VCERA to withhold 6% of the taxable amount for State of California income tax. If no election is made, State of California income tax will not be withheld from your distribution.
 - Yes, withhold State of California income tax.
 - No, do not withhold State of California income tax.

- Rollover:** I elect to withdraw and roll over _____ % of my *taxable* and _____ % of my *nontaxable* SEIU COLA contributions (nontaxable contributions can only be rolled over if 100% of the taxable amount is rolled over). I certify that my Designated IRA/Plan is eligible to receive and will accept a rollover of any taxable and nontaxable amounts on my behalf. The information for your IRA/Plan must be provided below in order for your request to be processed. I acknowledge that it is my responsibility to maintain records of the total amount of nontaxable contributions rolled over.

For Roth IRA Only: Federal tax withholding is optional for Roth IRA rollovers. If you would like federal tax withheld from the taxable portion of your Roth IRA rollover, please indicate the percentage or dollar amount to be withheld: _____.

(Please complete form and provide signature(s) on reverse side.)



By signing below, I acknowledge that I received a copy of the Special Tax Notice Regarding Plan Payments from VCERA. I understand that I have the right to consider whether to elect a direct rollover distribution for at least 30 days from the date I received the Special Tax Notice. If I elected on this form to withdraw SEIU COLA contributions, VCERA will not process my request until at least 30 days after receipt of the Special Tax Notice.

- Waiting Period Waiver (optional): I elect to waive my 30-day waiting period for considering whether to elect a direct rollover distribution. VCERA is authorized to distribute any amounts elected above as soon as administratively possible.

Member Signature	Date
Spouse / Domestic Partner Signature (if applicable)	Date

Required Rollover Information (if you are electing a rollover):

Type of Plan: Traditional IRA Roth IRA Other: _____

Name of Institution or Employer Qualified Plan	Institution/Rollover Plan Tax ID Number
Institution/Plan Mailing Address, City, State, Zip	Telephone Number
Signature of Institution/Plan Representative	Date

- Mail check directly to the rollover institution. (If no option is elected, check will be mailed directly to the rollover institution.)
- Mail check to me so that I can personally deliver it to the rollover institution.