



California Public Employees' Retirement System

Pre-Retirement Lump Sum Beneficiary Designation

Section 1

Member Information

Please include your first name, middle initial and last name.

| | |
|--------------------|--------------------------------------|
| Member's Full Name | Social Security Number or CalPERS ID |
| Telephone Number | Birth Date |

Section 2

Beneficiary Designation

Provide on the form the full name of your beneficiaries, relationship, Social Security number or CalPERS ID and the complete address.

I understand that if I am married or in a registered domestic partnership but do not name my spouse or registered domestic partner as beneficiary, she/he may still be entitled to a community property share of my "Lump Sum Contributions" or a share of any monthly allowance that may be payable. My "Non-Spouse" or "Non-Registered Domestic Partner" designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or registered domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid **share and share alike**.

Primary Beneficiaries

If a percentage (%) is entered make sure the total equals 100%.

| | |
|-----------------------------|------------|
| Name of Primary Beneficiary | Birth Date |
|-----------------------------|------------|

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

| | | |
|----------------------------|---------------------------|--------------------------------------|
| Relationship to the Member | Percentage of the Benefit | Social Security Number or CalPERS ID |
|----------------------------|---------------------------|--------------------------------------|

Address (Number, Street, City, State and Zip Code)

| | |
|-----------------------------|------------|
| Name of Primary Beneficiary | Birth Date |
|-----------------------------|------------|

| | | |
|----------------------------|---------------------------|--------------------------------------|
| Relationship to the Member | Percentage of the Benefit | Social Security Number or CalPERS ID |
|----------------------------|---------------------------|--------------------------------------|

Address (Number, Street, City, State and Zip Code)

| | |
|-----------------------------|------------|
| Name of Primary Beneficiary | Birth Date |
|-----------------------------|------------|

| | | |
|----------------------------|---------------------------|--------------------------------------|
| Relationship to the Member | Percentage of the Benefit | Social Security Number or CalPERS ID |
|----------------------------|---------------------------|--------------------------------------|

Address (Number, Street, City, State and Zip Code)

Put your name and Social Security number or CalPERS ID at the top of every page.

Member's Name

Social Security Number or CalPERS ID

Section 2

Beneficiary Designation - Continued

If a percentage (%) is entered make sure the total equals 100%.

In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid **share and share alike**.

Secondary Beneficiaries

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

Section 3

Required Signature(s)

Provide the date you signed the form and your current mailing address.

Member's Acknowledgement:

By this Beneficiary Designation, I hereby revoke any previous designation I have filed. I understand that my marriage or registered domestic partnership, dissolution or annulment of my marriage or registered domestic partnership, or the birth or adoption of a child or termination of membership subsequent to the date I file this form with CalPERS, will automatically void this designation. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is not revoked when the dissolution/annulment is finalized.

Are you legally married or have a registered domestic partner? Yes No

If yes, your spouse or registered domestic partner must sign this form. If no, please indicate:

Never Married/Never in Registered Domestic Partnership Divorced/Annulled Widowed

If you are married or in a registered domestic partnership and your spouse or registered domestic partner **does**

IMPORTANT - You must complete the Justification for Absence of Spouse's or Registered Domestic Partner's Signature (my|CalPERS 0775) if you are married or have a registered domestic partnership but your spouse or registered domestic partner is unable to sign below.

not sign this form, you must complete and submit the

Member's Signature

Date (mm/dd/yyyy)

Justification for Absence of Spouse's or Registered Domestic Partner's Signature (my|CalPERS 0775) form with your designation form.

Member's Address

City

State

Zip Code

Spouse's/Registered Domestic Partner's Acknowledgement:

By signing this beneficiary designation form, I acknowledge the information entered by my spouse/registered domestic partner.

Spouse's/Registered Domestic Partner's Signature

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division · P.O. Box 942711, Sacramento, CA 94229-2711

my|CalPERS 0772

Information

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please order or download your Member Benefit Publication from our website www.calpers.ca.gov or see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you do have a valid beneficiary designation on file, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-registered domestic partner designated beneficiaries will receive the portion of your lump sum benefits that are not payable to your spouse/registered domestic partner as his/her community property share.

- C. If A and B do not apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or if none
 2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or if none,
 3. Parents, share and share alike; or if none,
 4. Brothers and sisters, share and share alike, or if none,
 5. Your estate (if probated, or subject to probate), or if not,
 6. Your trust (if one exists), or if not,
 7. Stepchildren, share and share alike or if none,
 8. Grandchildren, including step-grandchildren, share and share alike, or if none,
 9. Nieces and nephews, share and share alike, or if none,
 10. Great-grandchildren, share and share alike, or if none,
 11. Cousins, share and share alike.

If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are married or have a registered domestic partner at the time of death, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions.**

- D. You may designate or change your beneficiaries at any time by completing another Beneficiary Designation form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. Reminder: **If you are married or in a registered domestic partnership at the time of your death and you do not name your spouse/registered domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum contributions or a share of any monthly allowance that may be payable.**
- E. Your Beneficiary Designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:
1. Marriage/Registration of domestic partnership; or
 2. Dissolution or annulment of your marriage/registered domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is **NOT** revoked when the dissolution/annulment is finalized; or
 3. Birth or adoption of a child; or
 4. Termination of membership that results in a refund of your contributions.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).