

FCERA Beneficiary Designation

Instructions and Form
for Active, Deferred and Retired Members



**7772 N. Palm Ave.
Fresno CA 93711
(559)457-0681
www.fcera.org**

Instructions

This form is to be used to designate or change your beneficiary(ies). 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. Be sure to update your beneficiary information in response to changes such as birth, death, marriage or dissolution, domestic partnership registration or termination, or if your beneficiary moves. In some cases, these events may cause changes to your beneficiary designation(s) by operation of law. Thus, we strongly encourage you to clarify your beneficiary designations after any of these events. If you are divorced or have terminated a registered domestic partnership, make sure that your beneficiary designation complies with the terms of your marital/partnership settlement agreement or any court orders relating to your dissolution or terminated registered domestic partnership. **By submitting this completed and signed form, you will revoke any prior beneficiary designation(s) that you may have on file with FCERA.**

To make your designation(s), complete the following steps:

1. Complete all personal information in Section 1.
2. Complete Section 2 by indicating the person(s) you wish to make either primary or contingent beneficiary(ies), by marking the appropriate box next to each person's name.
 - A **Primary Beneficiary** is the person(s) who will receive a benefit from FCERA upon your death.
 - A **Contingent Beneficiary** is the person(s) who will receive a benefit from FCERA if you have no living Primary Beneficiaries on the date of your death.
 - Provide each beneficiary's name, Social Security number, relationship, birth date, phone number and current address.
 - If you name more than one person in either category (Primary or Contingent Beneficiary), you may indicate what percentage of the benefit you want each individual to receive. The total percentage for each category (Primary or Contingent) must be 100%. If you do not indicate a percentage, the benefit will be divided into equal parts among all Primary Beneficiaries, or, if there are no living Primary Beneficiaries, then the benefit will be divided into equal parts among all Contingent Beneficiaries.
3. Complete Section 3 only if you are naming one or more minors as a beneficiary(ies).
4. Forms submitted with "white out" or "line outs" will not be accepted.

Beneficiary designations will not be accepted without the required signatures.

You must choose a witness who is NOT one of your named beneficiaries.

Mci \ Uj Ytk c'cdh]cbg'lc'Wca d'Yh'Y'h]g'Z'fa "

Cdh]cb`%':]`ci hH YZ'fa `cb`]bY'UbX'df]bh'UbX'g][b"

Cdh]cb'&'Df]bhci hH YZ'fa `UbX'Z`]h'ci hUbX'g][b"

Mci `Wb'i gY'UHUV`_Ymit`a cj YZ'ca `ZYX'lc'ZYX'

Form

SECTION 1 – MEMBER INFORMATION: <i>Please check your current status.</i>			ACTIVE	DEFERRED	RETIRED
Name (last, First MI)					
Street Address					
City		State		Zip	
Social Security Number		Birth Date (mm/dd/yyyy)		Daytime Telephone Number	

Ki'vj k'le'j cpi g't t gwn'qhl'e'f gc'vj 'qt' f k'qt egA[gu''''''''''P q''''''''''

Ki'c'f gc'vj 'egt v'hl'ec v'qt' f k'qt eg'f qewo g'pu'c'w'cej gf A[gu''''''''''P q''

D{ 'l'wdo k'v'pi 'vj k'le'qo r'ng'vf 't'pf 'l'i' p'gf 'l'qto .Kj c'xg't'g'x'q'ng'f 't'p{ 't' t'k'q' 'd'g'p'g'h'e'k't{ 'f' g'ul'i' p'c'v'k'p' *u'v'j c'v'K'b c{ 'j' c'xg' 't'p' 'h'ag' 'y' k'j 'H'EGTC0

SECTION 2 – BENEFICIARY INFORMATION:

BENEFICIARY INFORMATION:	PRIMARY	CONTINGENT		PERCENTAGE: _____ %
Name (Last, First MI)				
Street Address				
City		State		Zip
Social Security Number		Birth Date (mm/dd/yyyy)		Relationship Telephone Number

BENEFICIARY INFORMATION:	PRIMARY	CONTINGENT		PERCENTAGE: _____ %
Name (Last, First MI)				
Street Address				
City		State		Zip
Social Security Number		Birth Date (mm/dd/yyyy)		Relationship Telephone Number

BENEFICIARY INFORMATION:	PRIMARY	CONTINGENT		PERCENTAGE: _____ %
Name (Last, First MI)				
Street Address				
City		State		Zip
Social Security Number		Birth Date (mm/dd/yyyy)		Relationship Telephone Number

If you wish to designate more than three beneficiaries, please write the requested information for each additional beneficiary you wish to designate on a separate sheet of paper and submit it with this form. The total percentage for each category (Primary or Contingent) must be 100%.

SECTION 3 – GUARDIAN/CONSERVATOR INFORMATION: <i>Complete this section if you are naming a minor child as a beneficiary</i>		
Name of Minor (Last, First MI)		
Name of Guardian/Conservator (Last, First MI)		
Street Address of Guardian/Conservator		
City	State	Zip
Social Security Number of minor	Birth Date (mm/dd/yyyy)	Telephone Number

Name of Minor (Last, First MI)		
Name of Guardian/Conservator (Last, First MI)		
Street Address of Guardian/Conservator		
City	State	Zip
Social Security Number of minor	Birth Date (mm/dd/yyyy)	Telephone Number

If you wish to designate more than two beneficiaries who are minors, please write the requested information for each additional minor on a separate sheet of paper and submit it with this form.

REQUIRED SIGNATURE: <i>Beneficiary designations will not be accepted without the required signatures. The witness may not be one of your named beneficiaries.</i>			
Member signature	Date	Witness signature	Date
Print member name		Print witness name	