

California Public Employees' Retirement System

Pre-Retirement Lump-Sum Beneficiary Designation

Complete this form if you are currently employed (active) or an inactive member and you wish to designate a beneficiary or change your existing beneficiary designation for lump-sum benefits. Please print clearly. We are unable to process this form if there are erasures or corrections. See the information and instructions page for more detailed information.

Section 1

Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
()	()		
Daytime Phone	Alternate Phone		
Address			
City	State	ZIP	

Section 2

Your Primary Beneficiary Information

Please see the last page of this form for information on your pre-retirement benefits and instructions on how to name more than four primary beneficiaries.

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

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)	
	%		
Relationship to You	Percentage of Benefit	Social Security Number or CalPERS ID	
Address			
City	State	ZIP	
Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)	
	%		
Relationship to You	Percentage of Benefit	Social Security Number or CalPERS ID	
Address			
City	State	ZIP	
Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)	
	%		
Relationship to You	Percentage of Benefit	Social Security Number or CalPERS ID	
Address			
City	State	ZIP	

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

_____ Your Name	_____ Social Security Number or CalPERS ID
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Section 2, cont.

Your Primary Beneficiary Information

_____ Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		_____ Birth Date (mm/dd/yyyy)
_____ Relationship to You	_____ Percentage of Benefit	_____ Social Security Number or CalPERS ID
_____ Address		
_____ City	_____ State	_____ ZIP

Section 3

Your Secondary Beneficiary Information

Please see the last page of this form for instructions on how to name more than three secondary beneficiaries.

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

_____ Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)		_____ Birth Date (mm/dd/yyyy)
_____ Relationship to You	_____ Percentage of Benefit	_____ Social Security Number or CalPERS ID
_____ Address		
_____ City	_____ State	_____ ZIP

_____ Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)		_____ Birth Date (mm/dd/yyyy)
_____ Relationship to You	_____ Percentage of Benefit	_____ Social Security Number or CalPERS ID
_____ Address		
_____ City	_____ State	_____ ZIP

_____ Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)		_____ Birth Date (mm/dd/yyyy)
_____ Relationship to You	_____ Percentage of Benefit	_____ Social Security Number or CalPERS ID
_____ Address		
_____ City	_____ State	_____ ZIP

Section 4

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive any lump-sum benefits which may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in the following benefit (if applicable):

- The group term life insurance benefit
- The employer share benefit
- The return of any remaining member contributions

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award fifty percent (50%) of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining fifty percent (50%) of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your Signature	Date (mm/dd/yyyy)
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Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner on this form. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all the following benefit will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The group term life insurance benefit
- The employer share benefit
- The return of any remaining member contributions

Your spouse or registered domestic partner should sign this consent if he or she consents to each of your beneficiary designations after reviewing this section.

I understand that I may have community property or other rights in these benefits and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable) and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your Spouse's or Domestic Partner's Signature	Date (mm/dd/yyyy)
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Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name	Social Security Number or CalPERS ID

Section 5

Your Signature

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation. I understand that a designation filed **after** the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

Are you legally married or in a registered domestic partnership? Yes No

If no, please indicate: Never Married or in Domestic Partnership
Divorced, Annulled, or Domestic Partnership Terminated
Widowed

If you answered yes above, your spouse or registered domestic partner must sign this beneficiary designation unless you have designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge.

Your Signature	Date (mm/dd/yyyy)

Section 6

Your Spouse's or Registered Domestic Partner's Signature

Per Government Code section 21261, I acknowledge that I am aware of the designation made by my spouse or registered domestic partner. I also hereby state that I am the current spouse or registered domestic partner.

Signature of Spouse or Registered Domestic Partner	Date (mm/dd/yyyy)

Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Mail to:	CalPERS Retirement Benefit Services Division P.O. Box 942711, Sacramento, CA 94229-2711 Or fax to: (800) 959-6545
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Pre-Retirement Lump-Sum Beneficiary Designation Information

Information

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific benefits to your surviving beneficiaries. Please order or download your member benefit publication from our website at 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 survivor 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 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 survivor 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 benefits.**

D. You may designate or change your beneficiaries at any time by completing another **Pre-Retirement Lump-Sum 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 benefits or a share of any monthly survivor 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. Your marriage or registration of domestic partnership
2. The initiation of a dissolution or annulment of your marriage or of a legal termination of your registered domestic partnership (However, a designation filed after the initiation of a dissolution/annulment of a marriage or of a termination of registered domestic partnership is NOT revoked when the dissolution/annulment/termination is finalized.)
3. The birth of your child or your adoption of a child
4. A termination of membership that results in a refund of your contributions

Pre-Retirement Lump-Sum Beneficiary Designation Information

Section 1

Information About You

- Complete all fields.
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Section 2

Your Primary Beneficiary Information

- To name additional primary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form, and be sure to indicate that the beneficiary is primary. Sign and date the paper, and include your Social Security number or CalPERS ID.
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Section 3

Your Secondary Beneficiary Information

- The benefit is paid to your named secondary beneficiary or beneficiaries upon the death of your primary beneficiary or beneficiaries.
 - To name additional secondary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form, and be sure to indicate that the beneficiary is secondary. Sign and date the paper, and include your Social Security number or CalPERS ID.
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Section 4

Spousal Consent to Beneficiary Designation

- If you did not name your spouse or registered domestic partner as your lump-sum beneficiary, you must read and sign the **Member Acknowledgment**. Your spouse or registered domestic partner **must** read the **Spouse's or Registered Domestic Partner's Consent**.
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Section 5

Your Signature

- Indicate if you are married or have a registered domestic partner.
 - Sign in the required field.
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Section 6

Your Spouse's or Registered Domestic Partner's Signature

- Your spouse or registered domestic partner must sign if you did not designate him or her as the sole primary beneficiary for any lump-sum benefits.
- You must complete a **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** form if your spouse or registered domestic partner is unable to sign this form. You can print this form from www.calpers.ca.gov or call **888 CalPERS** (or **888-225-7377**).

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**).