

## BENEFICIARY DESIGNATION FOR EX-SPOUSE (NON-MEMBER)

### EX-SPOUSE (NON-MEMBER) INFORMATION (Please print)

Your Social Security Number	Full Name		
Address	City	State	Zip Code
Email	Home Phone		Cell Phone

### LACERA MEMBER INFORMATION

Member's Social Security Number	Full Name
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Indicate the percentage share for each beneficiary in whole percentages; **do not use fractions**. The percentages for all primary beneficiaries **must total 100 percent**; **the percentages for all secondary beneficiaries must also total 100 percent**. If percentages are not specified, benefits will be divided equally.

EXAMPLES	<b>Married with 3 children:</b>	
	Primary Beneficiary      Percent	
	Spouse <b>100%</b>	
	Secondary Beneficiaries      Percent	
	Son                              sharing      34%	} 100%
	Daughter                      benefits    33%	
	Son                              33%	
	<b>Single Parent:</b>	
	Primary Beneficiaries      Percent	
	Son                              sharing      50%	} 100%
	Daughter                      benefits    50%	

### ----- Primary Beneficiary(ies) -----

<b>Percentage*</b>	First Name	Middle Name	Last Name
Relation to Non-Member	Address		Apt. No.
Birth Date (MM/DD/YY)	City	State	Zip Code
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No.	Home Phone	
Email	Cell Phone		

<b>Percentage*</b>	First Name	Middle Name	Last Name
Relation to Non-Member	Address		Apt. No.
Birth Date (MM/DD/YY)	City	State	Zip Code
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No.	Home Phone	
Email	Cell Phone		

<b>Percentage Total*</b>
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\*Percentages must total 100%.



----- **Secondary Beneficiary(ies)** -----

<b>Percentage*</b>	First Name	Middle Name	Last Name
Relation to Non-Member	Address		Apt. No.
Birth Date (MM/DD/YY)	City	State	Zip Code
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No.	Home Phone	
Email	Cell Phone		

<b>Percentage*</b>	First Name	Middle Name	Last Name
Relation to Non-Member	Address		Apt. No.
Birth Date (MM/DD/YY)	City	State	Zip Code
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No.	Home Phone	
Email	Cell Phone		

<b>Percentage Total*</b>
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\*Percentages must total 100%.

**Your marital status:**  Single  Married  Registered Domestic Partnership  Divorced  Widow(er)

\_\_\_\_\_  
Date: Marriage/Domestic Partnership

\_\_\_\_\_  
Date: Divorce/Termination of Domestic Partnership

**I acknowledge** I have read and understand the information provided with this Beneficiary Designation form. I hereby revoke all prior designations and designate the beneficiaries named on this form.

*(Please print)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Signature X** \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

<p>Tear off and mail completed form to:  <b>LACERA</b>  <b>PO Box 7060</b>  <b>Pasadena, CA 91109-7060</b></p>
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**Call Us With Your Changes**

We can help you over the phone

**1-800-786-6464**

**Beneficiary changes – Active and Retired members**