

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

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

Percentage*	First Name	Middle Name	Last Name	
Relation to 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			

Percentage*	First Name	Middle Name	Last Name	
Relation to 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			

Percentage Total*

*Percentages must total 100%.



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

Percentage*	First Name	Middle Name	Last Name
Relation to 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		

Percentage*	First Name	Middle Name	Last Name
Relation to 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		

Percentage Total*

*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>Mail completed form to: LACERA PO Box 7060 Pasadena, CA 91109-7060</p>	 <p>BENEFICIARY INFO ONLINE Visit lacera.com Benefits, Beneficiaries</p>
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Call Us With Your Changes
We can help you over the phone
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