

BENEFICIARY DESIGNATION

IMPORTANT: Read the attached Beneficiary Designation information before completing this form.

If your spouse or domestic partner is your primary beneficiary, you cannot name another primary beneficiary. If your spouse or domestic partner is **not** your primary beneficiary, you may name multiple primary beneficiaries. All members may name one or more secondary beneficiaries. 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	sharing benefits	34%	} 100%
Daughter		33%	
Son		33%	

Single Parent:			
Primary Beneficiaries	Percent		
Son	sharing benefits	50%	} 100%
Daughter		50%	

Naming Primary and Secondary Beneficiaries

Note: In the event a **primary beneficiary** predeceases you, benefits will be divided equally among your remaining primary beneficiaries or, if none remain, to your **secondary beneficiary(ies)**.

MEMBER'S NAME: _____ MEMBER'S SSN: _____

----- 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*	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: _____

Phone: _____

Member Signature X _____ Date: _____

<p>Tear off and mail completed form to: LACERA PO Box 7060 Pasadena, CA 91109-7060</p>



Call Us With Your Changes

We can help you over the phone

1-800-786-6464

Beneficiary changes – Active and Retired members