



TULARE COUNTY EMPLOYEES'
RETIREMENT ASSOCIATION

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DESIGNATION OR CHANGE OF BENEFICIARY

INFORMATION: This form is used to designate beneficiary(ies) for any retirement benefits payable by the Tulare County Employees' Retirement Association (TCERA) in the event of your death. You may designate as primary and/or contingent beneficiary(ies) any person, or persons, or estate. **In the case of a minor child, a trustee or guardian should be designated.** The Primary Beneficiary(ies) will receive the benefits, if living. The Contingent Beneficiary(ies) will receive the benefits, if the Primary Beneficiary(ies) is deceased.

ACTIVE MEMBERS: I understand that if I am married, my spouse may be entitled to any death benefits payable under Government Code Section 31781.1, **even if I do not designate my spouse as beneficiary.** _____

(initial here)

RETIRED MEMBERS: I understand that the designation on the reverse of this form is separate and apart from any named beneficiary eligible for a continuance of my monthly Retirement allowance, in accordance with the Government Code. _____

(initial here)

CONTINUANCE BENEFICIARIES: I understand that this designation is for the purposes of identifying the beneficiary for any remainder of my continuance pension. _____

(initial here)

INSTRUCTIONS:

- 1) Complete ALL information requested on both sides of this form. All beneficiary information is required (including Social Security Number for tax reporting purposes).
- 2) Sign and date the form.
- 3) Obtain the signature of a witness on the completed form. The witness must be someone other than your named beneficiary(ies). The witness' address is required.
- 4) This beneficiary election form is a legal document and must be completed in blue or black ink. The Designation or Change of Beneficiary Form will be returned if filled out or signed in pencil. "White-Out" or other correction tape or fluid may not be used. **To correct an error, line through the incorrect information and initial the change. The witness of the document must also initial the change.**
- 5) Mail or deliver the completed form to TCERA at the address shown above. **The beneficiary designation on this form is not effective until filed with TCERA.**

MEMBER/PAYEE INFORMATION (please print):

Member/Payee Name: _____ Social Security No. _____

Current Address: _____

Email Address: _____

Phone Numbers: Home _____ Work _____ Cell _____

Membership Type: Active – Current Employee Hire Date _____ Current Dept. _____

Active – Deferred/Intersystem

Retired

Continuance

In accordance with applicable provisions of the "County Employees Retirement Act of 1937" as amended, I hereby designate the following individuals as primary and/or contingent beneficiary(ies), for any retirement death benefits available and/or return of any member's accumulated contributions. *(Please attach additional forms if the number of beneficiaries exceeds the space provided)*

PRIMARY BENEFICIARY

(The total of all primary beneficiaries must equal 100%)

Name: _____ Birth Date: _____ Soc Sec # _____ % _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

Name: _____ Birth Date: _____ Soc Sec # _____ % _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

Name: _____ Birth Date: _____ Soc Sec # _____ % _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

Trustee or Guardian for the benefit of any minor child(ren) listed as Primary Beneficiary(ies):

Name: _____ Birth Date: _____ Soc Sec # _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

CONTINGENT BENEFICIARY

(The total of all contingent beneficiaries must equal 100%)

Name: _____ Birth Date: _____ Soc Sec # _____ % _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

Name: _____ Birth Date: _____ Soc Sec # _____ % _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

Trustee or Guardian for the benefit of any minor child(ren) listed as Contingent Beneficiary(ies):

Name: _____ Birth Date: _____ Soc Sec # _____

Address: _____ Relation to Member: _____

Phone Number: _____ email: _____

This beneficiary designation supersedes any previous designations by me.

Signature of Member/Payee (do not print)

Date: _____

Signature of Witness (over age 18 and other than beneficiary)

Witness Name: _____

Address: _____