

**DO NOT
USE** ▶

AGE	RATE	MBR .DATE	DISTRICT	DISTR. NO	SOCIAL SECURITY NUMBER	EMPL. NO.
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DO NOT WRITE ABOVE THIS LINE

MEMBER'S ENROLLMENT AFFIDAVIT

FILL OUT ACCURATELY AND COMPLETELY

NEW EMPLOYEE NAME OR BENEFICIARY CHANGE



NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET & NUMBER) (CITY & ZIP CODE)

DEPARTMENT & POSITION _____

DATE OF PERMANENT APPT. _____

BIRTHDATE MO. DAY YR.

- MALE
 FEMALE
 MARRIED
 SINGLE
 WIDOWED
 DIVORCED

CHECK AS APPLICABLE:

- WITHIN THE LAST 180 DAYS, I WAS A MEMBER OF THE PUBLIC EMPLOYEES RETIREMENT SYSTEM OR OF A SYSTEM IN ANOTHER COUNTY OR IN A CITY AND:
 I WITHDREW MY FUNDS. **OR** I REQUESTED RECIPROCITY: NAME OF PRIOR SYSTEM _____

BENEFICIARY DESIGNATION:

I hereby nominate the following as my beneficiary under terms of the County Employees' Act of 1937: **Name:** _____
(FIRST) (INITIAL) (LAST)

Birthdate: _____ **Relationship:** _____

1) NOTE for Married Members: Under state law, married persons who wish to **name a beneficiary other than their spouse must file a Spousal Waiver Form** to validate their beneficiary designation. Your spouse must sign, notarize and return the Spousal Waiver Form to the Retirement office. Your beneficiary nomination is not valid until CCCERA receives this form.

2) NOTE: I understand, by California statute, I *may* nominate a trust or a trustee as my beneficiary. **HOWEVER, I understand trusts of any design or legal designation will only receive lump-sum distributions of my contributions. Trusts are NOT eligible for any continuing benefit.**

Name of Trust _____ Date Enacted: _____ Trustee: _____

NAME CHANGE

Former Name: _____ **New Name:** _____

Please attach a copy of 1 Legal Verification Document: Driver's License Social Security Card
Marriage Certificate

SWORN STATEMENT - PURSUANT TO GOVERNMENT CODE 31526 AND CODE OF CIVIL PROCEDURE SECTION 2015.5, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING STATEMENTS ARE FULL, TRUE AND CORRECT.

DATED _____

SIGNED _____

AT (CITY) _____ CALIFORNIA