

**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 RECIPROCIITY: 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