



BENEFICIARY DESIGNATION

**FORM
102**
(Rev. 2022)

| Section 3: Secondary Beneficiary or Beneficiaries | | | | | |
|---|----------------------------|---|-----------|--------------|----------------------------------|
| (1) First Name | | MI | Last Name | | Benefit % .0% |
| Street or P.O. Box | | City | | State | Zip Code |
| Phone Number | Date of Birth – mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | | Relationship | Last 4 of Social Security Number |
| (2) First Name | | MI | Last Name | | Benefit % .0% |
| Street or P.O. Box | | City | | State | Zip Code |
| Phone Number | Date of Birth – mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | | Relationship | Last 4 of Social Security Number |

| Section 4: Trust Information (Complete this section only if you are naming a trust as your beneficiary) | |
|--|-----------------------------|
| Official Name of Trust | Tax ID Number |
| Contact Person for Trust | Telephone Number of Contact |

| Acknowledgment | | |
|--|--------------|-------------------|
| Please note that only a lump sum death benefit can be paid to a trust. If your survivor or beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a trust. | | |
| Member Signature (Required only if you are naming a trust) | Printed Name | Date – mm/dd/yyyy |

| Section 5: Signature of Member's Spouse/Partner | | |
|---|--|-------------------|
| (Spousal Waiver) Only if 100% is not assigned to your spouse/registered domestic partner trust as your beneficiary. Must be witnessed by Notary Public (below). | | |
| I acknowledge and consent to this beneficiary designation. I further understand that if a beneficiary, other than myself has been named in Section 2 that I am waiving any survivor benefits to which I may become eligible to receive from CCCERA. | | |
| Spouse/Registered Domestic Partner Signature | Printed Name of Spouse/Registered Domestic Partner | Date – mm/dd/yyyy |



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Notary – California All Purpose Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of _____)
On _____ before me, _____
Date Here Insert Name and Title of the Officer
personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above