



BENEFICIARY CHANGE

Complete and return this form to MCERA. We will change our records to reflect the new beneficiary(ies) you indicate below.

(PLEASE PRINT)

SSN: _____ EMPLOYEE ID NO.: _____

NAME: _____
LAST FIRST

BENEFICIARY TO BE REVOKED: _____
NAME

BENEFICIARY TO BE NOMINATED IN LIEU OF ABOVE:

NAME SOCIAL SECURITY NUMBER

STREET ADDRESS DATE OF BIRTH

CITY / STATE / ZIP RELATIONSHIP TO MEMBER

TELEPHONE

I wish to designate additional beneficiaries. Please see page two (2) for additional information.
[NOTE: make sure page two (2) is stapled to this sheet.]

In accordance with the provisions of the County Employees' Retirement Act of 1937, I hereby Nominate the above and/or attached beneficiary/beneficiaries to receive any benefits payable under said Act in the event of my death.

SIGNATURE: _____ DATE: _____

**NOTARIZATION REQUIRED UNLESS COMPLETED IN THE PRESENCE OF MCERA STAFF
SEE PAGE THREE (3) FOR NOTARIAL ACKNOWLEDGEMENT**

TO BE COMPLETED BY MCERA STAFF MEMBER

STAFF NAME STAFF TITLE DATE

ADDITIONAL OPTIONAL BENEFICIARIES TO BE NOMINATED IN LIEU OF REVOKED BENEFICIARY ON PAGE ONE (1):

<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	DATE OF BIRTH
CITY / STATE / ZIP	RELATIONSHIP TO MEMBER
TELEPHONE	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	DATE OF BIRTH
CITY / STATE / ZIP	RELATIONSHIP TO MEMBER
TELEPHONE	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	DATE OF BIRTH
CITY / STATE / ZIP	RELATIONSHIP TO MEMBER
TELEPHONE	
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS	DATE OF BIRTH
CITY / STATE / ZIP	RELATIONSHIP TO MEMBER
TELEPHONE	



NOTARIZATION - ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) ss.
COUNTY OF _____)

On _____ before me, _____, personally appeared _____, 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 OF NOTARY PUBLIC

AFFIX NOTARY SEAL IN THIS SPACE