



### 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