

Changing Your Beneficiary

To change your beneficiary for the lump sum death benefits, complete the *Post Retirement Lump Sum Beneficiary Designation* form and, if needed, a *Justification for Absence of Spouse's or Domestic Partner's Signature* form.

Remember to clearly print the personal information requested at the top of the form. To protect you and your beneficiary from a possible legal challenge of your designation, we cannot accept a form with any corrections or erasure marks.

Check Box 1 - if your designation applies to all applicable lump sum death benefits.

..... or

Check Box 2 - if you want to designate a different beneficiary for each lump sum death benefit payable. Make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies on each designation form.

Your primary beneficiaries will receive an equal percent of the benefit, unless you indicate otherwise. You can also designate secondary beneficiaries who would be entitled to benefits if you survive all the primary beneficiaries.

Naming Multiple Beneficiaries

If you want to name more than three primary beneficiaries or more than three secondary beneficiaries for one or all of the lump sum death benefits, make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies to each designation form and note under the title of the form the number and total pages included (i.e., 1 of 2, 2 of 2, etc.).

CHANGING YOUR BENEFICIARY FOR LUMP SUM BENEFITS

Naming Your Beneficiary

You can change your beneficiary for the lump sum death benefits at any time. Your beneficiary can be:

- Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
- A class of next-of-kin as a group, such as your children or grandchildren.
- A corporation that is registered with the Secretary of State.
- Your estate; however, CalPERS can only pay to your estate if it is probated.
- Your trust. Provide the title and date of your trust, and the name and address of the person who has a copy of the document. Do not name the trustee since that can be subject to change.

Completing a Post Retirement Lump Sum Beneficiary Designation

Typically a *Post Retirement Lump Sum Beneficiary Designation* form is completed by you; however, there are circumstances when your attorney-in-fact, or court-appointed conservator, can name a new beneficiary on your behalf.

An attorney-in-fact can designate a new beneficiary on your behalf under limited circumstances based on the language in the Power of Attorney document, and what relationship you share with the attorney-in-fact. A court-appointed conservator of your estate can designate a new beneficiary for you only if the court order grants them the specific authority to name a new beneficiary. Please contact CalPERS for more specific information.

If you are completing a *Post Retirement Lump Sum Beneficiary Designation* form for a CalPERS member, attach a copy of the document that grants you the authority to act on the member's behalf.

Required Signatures

You must sign the *Post Retirement Lump Sum Beneficiary Designation* form. Your current spouse or domestic partner must also sign it to acknowledge the action you are taking. If you are **not** legally married or in a registered domestic partnership, you should check the box in the Member's Acknowledgment section stating that you are not married or in a domestic partnership.

If you are married or in a domestic partnership and your spouse or domestic partner **does not** sign this form, you must complete and submit the *Justification for Absence of Spouse's or Domestic Partner's Signature* form with your designation form.



Post Retirement Lump Sum Beneficiary Designation

888 CalPERS (or 888-225-7377) • TTY for Speech & Hearing Impaired: (916) 795-3240

Section 1

When completing this form, be sure to clearly **print** with a ballpoint pen or **type** your information. To make a correction, **line through the error and initial the change**. Designation forms with erasures or correction fluid will **not** be accepted.

Member Information

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or domestic partner as beneficiary, they may still be entitled to a community property share of my lump sum contributions. My non-spouse or non-partner designated beneficiaries will receive the portion of my lump sum benefits that is not payable to my spouse or domestic partner as their community property share.

Name of Member (First Name, Middle Initial, Last Name) Social Security Number
Birth Date (mm/dd/yyyy) Daytime Phone

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

1. ☐ I hereby designate the following person(s) who survive me, **share and share alike**, as **beneficiaries** for any lump sum death benefits payable under the Public Employees' Retirement Law in the event of my death as a retired person.
- or
2. ☐ I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:
- ☐ Retired Death Benefit ☐ Option 1 Balance
☐ Temporary Annuity Balance ☐ Option 4 - Option 1 Balance

Section 2

If you're naming more than three primary beneficiaries to share benefits, see page 6 before completing.

Primary Beneficiaries

Name of Beneficiary (First Name, Middle Initial, Last Name)
Relationship to Member Social Security Number
Address
City State ZIP

Name of Beneficiary (First Name, Middle Initial, Last Name)
Relationship to Member Social Security Number
Address
City State ZIP

Name of Beneficiary (First Name, Middle Initial, Last Name)
Relationship to Member Social Security Number
Address
City State ZIP

Put name and Social Security number at the top of every page.

Name of Member

Social Security Number

Section 3

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing.

Secondary Beneficiaries

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me, **share and share alike, as beneficiaries.**

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to Member

Social Security Number

Address

City

State

ZIP

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to Member

Social Security Number

Address

City

State

ZIP

Section 4

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

Member Acknowledgement

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation.

I understand that a designation filed **after** the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

☐ I certify under penalty of perjury that I am not legally married or in a registered domestic partnership (never married or in a domestic partnership, divorced or terminated, or widowed).

Signature of Member

Date (mm/dd/yyyy)

Section 5

You must complete a **Justification for Absence of Spouse's or Domestic Partner's Signature** form if you're married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this designation form.

Spouse's or Domestic Partner's Acknowledgement

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or domestic partner. I also hereby state that I am the current spouse or domestic partner. **If no spouse's or domestic partner's signature or certification is included, the *Justification for Absence of Spouse's or Domestic Partner's Signature* form must be completed.**

Signature of Spouse or Domestic Partner

Date (mm/dd/yyyy)

Date of Marriage or Partnership (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Justification for Absence of Spouse's or Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Pursuant to Government Code Section 21261, the member's current spouse or legally recognized domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member and submitted with the application for retirement.

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:

☐ Never married or never in legal domestic partnership.

☐ Divorced/marriage annulled or domestic partnership terminated. _____
Date (mm/dd/yyyy)

☐ Widowed. _____
Date (mm/dd/yyyy)

2. ☐ By checking this box, you indicate that you are married or have a registered domestic partner, but your spouse or domestic partner did not sign this form because:

☐ You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or domestic partner.

☐ Your spouse or domestic partner has been advised of the application and has refused to sign the acknowledgment.

☐ Your spouse or domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.

☐ Your spouse or domestic partner has no identifiable community property interest in the benefit.

☐ Your spouse or domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2

Information Certification

You hereby certify under the penalty of perjury that the foregoing information is true and correct.

Signature of Member

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711