



# BENEFICIARY DESIGNATION

**FORM  
102**  
(Rev. 2023)

**Purpose of the Form:** Form 102 is used to designate or change beneficiaries to receive your CCCERA death benefits. This form is **required** to be completed for CCCERA membership.  
**Instructions:** Complete the form in blue/black ink and return it to CCCERA. Submit the original document only; fax/email copies will not be accepted.

Section 1: Member Information				
<b>Check one:</b> <input type="checkbox"/> New Member <input type="checkbox"/> Beneficiary Change		<b>Check one:</b> <input type="checkbox"/> Active <input type="checkbox"/> Deferred		
First Name	MI	Last Name		Last 4 of Social Security Number
Street or P.O. Box	City	State	Zip Code	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Daytime Phone Number (with area code)	Email Address		<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

**NOTE:** If you are not naming your spouse/registered domestic partner as 100% assigned primary beneficiary, your spouse/partner's signature is required on the reverse side of this form in Section 5 and must be witnessed by a notary public.

Each person you name that shares the benefit must have a percentage assigned and add up to 100%. If you do not indicate a percentage, the benefit(s) will be divided into equal parts. If you need to list additional beneficiaries, follow the same format of this form on a separate sheet of paper, sign/date and attach it. If you are married, in a domestic partnership or have minor children, your spouse/partner or minor children may have superior rights over any other person you name as a beneficiary. Some beneficiaries may not be eligible to receive certain monthly continuances or benefits.

**IF YOU ARE NAMING A MINOR:** Funds may not be dispersed for minor children until legal guardianship is established. If a beneficiary is a minor and you wish to name an adult to receive and manage payments for the minor without court appointment or court supervision until an age you choose, name the minor as a beneficiary using this format: [Name of adult] as custodian for [Name of minor] until age [choose a number at least 18 but not more than 25]. Provide their date of birth, social security number, relationship and use the adult's address and telephone number. Alternatively, you may simply name the minor as beneficiary without naming a custodian, in which case court appointment and supervision of a guardian will be required, and all funds will be distributed to the beneficiary at age 18.

Unless you provide otherwise, if you name multiple beneficiaries, in the event beneficiaries have pre-deceased you, CCCERA will pay equal shares to the surviving beneficiaries.

In accordance with the County Employees' Retirement Act of 1937 (CERL), I understand that I am revoking all previously named beneficiaries and now nominate as my beneficiary, to receive any benefits in the event of my death prior to retirement, the following person(s):

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

Acknowledgment		
Beneficiary information WILL NOT be accepted without your signature. If you are married or in a registered partnership, your spouse/partner's signature is required in (Section 5) as notification of your change of beneficiary designation. This new designation cancels all previous designations.		
Member Signature (Required)	Printed Name	Date – mm/dd/yyyy

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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*