CALIFORNIA PERS

INFORMATION AND INSTRUCTION FOR DESIGNATION OF BENEFICIARY FORM FOR PRO-RATED ALLOWANCE

A. This form should **only** be used by a survivor or beneficiary of a retired PERS member to designate a beneficiary for the prorated allowance payment due upon their death.

B. The possible small amount of the benefit should be considered when naming a beneficiary.

NOTE: The prorated allowance is based on the number of days the benefit recipient was living. For example, if death occurs on March 15, the prorated allowance is 15/31 of the normal monthly benefit payable on April 1. Special quarterly increases are not included.

C. The Retirement Law provides that this designation is **NOT** revoked by any action other than the filing of another designation. If no beneficiary designation is in effect on the date of death the prorated benefit payable will be paid to your survivors in the following order:

1.) your probated estate,
2.) your spouse,
3.) your children,
4.) your parents,
5.) your brother & sisters,
6.) step-children,
7.) grandchildren, including step-grandchildren,
8.) nieces & nephews,
9.) great grandchildren, or
10.) cousins

D. Please use the attached form if you wish to designate a beneficiary or beneficiaries other than the statutory beneficiaries shown above, or in a different order. You may designate or change the beneficiaries you name at any time by completing a new Beneficiary Designation form.

E. You may name as beneficiary any person, a corporation, or your estate. Payment cannot be made to an estate that is not probated. You may designate a trust as your beneficiary; however, you should provide the name of the trust, date of trust, and the name and address where the trust is filed. We ask you not to designate the trustee by name as this is subject to change. Also, under request to the System, you may name your children or grandchildren as a group or class. You may not name or designate a guardian to receive the benefits for another person by use of this document.

SEE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS ON COMPLETING THIS FORM

INSTRUCTIONS

1. Prepare a rough draft list on scratch paper of who you wish to name, the relationship, social security number, and complete address. (The name must be the full given name, as "Mary Jane Smith", not "Mrs. John Edward Smith".)

2. Press firmly and print clearly with ball point pen or type all information requested. If you make an error, made the necessary correction by lining through the error and initialing the change. No erasures can be accepted.

3. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries.)

4. Sign the form in the presence of a witness (witness cannot be a named beneficiary) with your full name, as "John Edward Smith". Have the witness clearly sign the form.

5. Enter the date you signed the form and your current mailing address.

6. Mail original and duplicate of the completed form to the Public Employees' Retirement System at the address shown.

7. After review and processing, the payee copy will be returned for your records.

PLEASE NOTE:

The Beneficiary Designation may be invalid if the form contains erasures, if corrections are not initialed, or if the form is not dated. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System.

INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for PERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.

CALIFORNIA PERS

State of California

BENEFICIARY DESIGNATION

Designation For Beneficiary's or Survivor's Prorated Allowance

FOR PERS USE ONLY

TO: Board of Administration
Public Employees' Retirement System
P.O. Box 942716
Sacramento, CA 94229-2716

FROM: _____
Name

_____
Deceased Member's Name

_____
Social Security Number

_____
Member's Social Security Number

Section 21491 of the California Government Code permits a person receiving a monthly allowance from CalPERS, as a beneficiary or survivor of a deceased CalPERS member, to designate a beneficiary to receive the prorated allowance which may become payable upon his/her death.

PRIMARY BENEFICIARY

I hereby designate the following person, if he/she survives me, to receive payment of any prorated allowance which may be payable upon my death.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP	SOCIAL SECURITY #

ADDRESS (NO. & STREET)	CITY	STATE	ZIP CODE

SECONDARY BENEFICIARY

In the event I survive the person named above, I hereby designate the following person, if he/she survives me, to receive payment of any prorated allowance which may become payable upon my death.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP	SOCIAL SECURITY #

ADDRESS (NO. & STREET)	CITY	STATE	ZIP CODE

Should I survive all persons named above, I understand the prorated allowance, if any, will be paid to my estate if probated. If my estate is not probated, the prorated allowance, if any, will be paid to my surviving next of kin in the order prescribed by law.

_____
SIGNATURE

_____
SIGNATURE OF WITNESS

_____
ADDRESS (NO. & STREET)

_____
DATE

_____
CITY STATE ZIP CODE