Post-Retirement Lump-Sum Beneficiary Designation

888 CalPERS (or **888**-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Complete this form if you are retired and you wish to designate a beneficiary or change your existing beneficiary designation for lump-sum benefits. For more information regarding lump-sum benefits, refer to the publication ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98).

Please print clearly. We are unable to process this form if there are erasures or corrections. See the last page of this form for detailed instructions.

Section 1 — Information About You

Your Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

( ) Daytime Phone | ( ) Alternate Phone

Address

City | State | ZIP

Section 2 — Your Lump-Sum Benefit Type

Please see the last page of this form for instructions on how to name different beneficiaries for each payable lump-sum benefit.

Select **one** of the check boxes below.

☐ I want to name one or more beneficiaries to receive an equal share or specified percentage (%) of any payable lump-sum benefits in the event of my death.

☐ I want to name separate beneficiaries for each of the following payable lump-sum benefits in the event of my death. Select the benefit type that applies to you:

☐ Retired Death Benefit ☐ Return of Remaining Contributions ☐ Temporary Annuity Balance

Section 3 — Your Primary Beneficiary Information

Please see the last page of this form for instructions on how to name more than four primary beneficiaries.

If a percentage (%) is entered, make sure the total equals 100%.

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | % Percentage of Benefit | Social Security Number or CalPERS ID

Address

City | State | ZIP

Section 3 continues on page 2.

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | **Social Security Number or CalPERS ID**

Section 3, continued

Your Primary Beneficiary Information, continued

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | Percentage of Benefit % | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | Percentage of Benefit % | Social Security Number or CalPERS ID

Address

City | State | ZIP

Section 4

Your Secondary Beneficiary Information

Please see the last page of this form for instructions on how to name more than three secondary beneficiaries.

If a percentage (%) is entered, make sure the total equals 100%.

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | Percentage of Benefit % | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | Percentage of Benefit % | Social Security Number or CalPERS ID

Address

City | State | ZIP

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name) | Birth Date (mm/dd/yyyy)

Relationship to You | Percentage of Benefit % | Social Security Number or CalPERS ID

Address

City | State | ZIP

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | **Social Security Number or CalPERS ID**

Section 5

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or any lump-sum benefits that may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in one or more of the following benefits (if applicable):

- Retired Death Benefit,
- Return of any remaining contributions; and/or
- Temporary annuity balance.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award 50% of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining 50% of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your Signature | Date (mm/dd/yyyy)

Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner in this form. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all of the following benefits will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- Retired Death Benefit,
- Return of any remaining contributions; and/or
- Temporary annuity balance.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered domestic partner should sign this consent if he or she consents to each of your beneficiary designations after reviewing this section.

Your Spouse's or Domestic Partner's Signature | Date (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member | **Social Security Number or CalPERS ID**

Section 6

Your Signature

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

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 legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

☐ Are you legally married or in a registered domestic partnership? ☐ Yes ☐ No

If no, please indicate:
- ☐ Never Married or in Domestic Partnership
- ☐ Divorced, Annulled, or Domestic Partnership Terminated
- ☐ Widowed

If you answered yes above, your spouse or registered domestic partner must sign this beneficiary designation unless you have designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the ***Justification for Absence of Spouse's or Registered Domestic Partner's Signature*** form.

I certify, under penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge.

Your Signature | Date (mm/dd/yyyy)

Section 7

Your Spouse's or Registered Domestic Partner's Signature

Per Government Code section 21261, I acknowledge that I am aware of the designation made by my spouse or registered domestic partner. I also hereby state that I am the current spouse or registered domestic partner.

Signature of Spouse or Registered Domestic Partner | Date (mm/dd/yyyy)

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

Mail to: **CalPERS Retirement Benefit Services Division** • P.O. Box 942711, Sacramento, California 94229-2711

Post-Retirement Lump-Sum Beneficiary Designation — Instructions for Completing Form

Section 1 — Information About You

- Complete all fields.

Section 2 — Your Lump-Sum Benefit Type

- Select only one of the check boxes.
- If you want to designate different beneficiaries for the different types of lump-sum benefits, you will need to complete a new form for each type of designation. You can print a blank form from **www.calpers.ca.gov**, make a copy of a blank ***Post-Retirement Lump-Sum Beneficiary Designation*** form, or call us to request a new form.

Retired Death Benefit - The amount paid ranges from $500 to $5,000 depending on your employer's contract with us.

Return of Remaining Contributions - Your remaining member contributions, if any, will be paid to your named beneficiary if you elected a retirement payment option that provides this benefit.

Temporary Annuity Balance - If you elected to receive a temporary annuity when you retired and you die before your temporary annuity payments stop, a lump-sum payment for the current value of the remaining payments will be paid.

Section 3 — Your Primary Beneficiary Information

- To name additional primary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form and be sure to indicate that the beneficiary is primary. Sign and date the paper and include your Social Security number or CalPERS ID.

Section 4 — Your Secondary Beneficiary Information

- The benefit you elected is paid to your named secondary beneficiary upon the death of your primary beneficiary or beneficiaries.
- To name additional secondary beneficiaries, attach a blank sheet of paper with your additional beneficiary information. Provide the same beneficiary information as required on this form and be sure to indicate that the beneficiary is secondary. Sign and date the paper and include your Social Security number or CalPERS ID.

Section 5 — Spousal Consent to Beneficiary Designation

- If you did not name your spouse or registered domestic partner as your lump-sum beneficiary, you must read and sign the **Member Acknowledgment.** Your spouse or registered domestic partner must read the **Spouse's or Registered Domestic Partner's Consent.**

Section 6 — Your Signature

- Indicate if you are married or in a registered domestic partnership.
- Sign in the required field.

Section 7 — Your Spouse's or Registered Domestic Partner's Signature

- Your spouse or registered domestic partner must sign if you did not designate him or her as the sole primary beneficiary for any lump-sum benefits.
- You must complete a ***Justification of Absence of Spouse's or Registered Domestic Partner's Signature*** form if your spouse or registered domestic partner is unable to sign this form. You can print this form from **www.calpers.ca.gov** or call **888 CalPERS** (or **888**-225-7377).

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).