



Post-Retirement Nonmember Lump-Sum Beneficiary Designation

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

If you receive a monthly benefit as part of a community property settlement, complete this form if 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:
- Prorated Allowance Return of Remaining Contributions

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.

Name of Nonmember | 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

Section 5

Your Acknowledgement and Signature

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

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 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)

Post-Retirement Nonmember 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 Nonmember Lump-Sum Beneficiary Designation* form, or call us to request a new form.

Prorated Allowance - This is a lump-sum payment equal to your retirement allowance divided by the number of days in the month of your death, then multiplied by the number of days you lived.

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.

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

Your Acknowledgement and Signature

- Sign in the required field.

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**).