

Pre-Retirement Nonmember Lump-Sum Beneficiary Designation

Complete this form if you have a separate nonmember account and you wish to designate a beneficiary or beneficiaries other than the statutory beneficiaries, to receive the accumulated contributions and interest payable upon your death prior to retirement.

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

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
()	()		
Daytime Phone		Alternate Phone	
Address			
City		State	ZIP
Member's Name (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)	

Section 2

Your Primary Beneficiary Information

Please see the last page of this form for information on your pre-retirement nonmember death benefit and instructions on how to name more than two primary beneficiaries

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

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

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

Your Name _____ Social Security Number or CalPERS ID _____

Section 3

Your Secondary Beneficiary Information

Please see the last page of this form for instructions on how to name more than two 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 _____ % _____ 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 _____ % _____ Social Security Number or CalPERS ID _____
Address _____
City _____ State _____ ZIP _____

Section 4

Your Acknowledgment 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 above, 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 legal registration of domestic partnership, the final dissolution or annulment of my marriage or the legal termination of my registered 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) _____

Mail to:

CalPERS Retirement Benefit Services Division
P.O. Box 942711, Sacramento, CA 94229-2711
Or fax to: (800) 959-6545

Pre-Retirement Nonmember Lump-Sum Beneficiary Designation Information

Information

This beneficiary designation form should only be used by a former spouse of a member or a registered domestic partner of a member, who has a separate nonmember account and who wishes to designate a beneficiary or beneficiaries other than the statutory beneficiaries defined below to receive the accumulated contributions and interest payable upon their death prior to retirement. Please note that the accumulated contributions and interest are available only if you die before you have received these funds. Note: If you choose to retire and receive a monthly allowance, you will have the right to make option selections and designate beneficiaries at that time.

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 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. You may also designate persons by group or class (for example, "children" or "grandchildren").

Your beneficiary designation will be revoked automatically if any of the following events occur after your beneficiary designation is received by CalPERS:

1. Your marriage or registration of domestic partnership
2. The initiation of a dissolution or annulment of your marriage or of a legal termination of your registered domestic partnership (However, a designation filed after the initiation of a dissolution/annulment of a marriage or of a termination of registered domestic partnership is NOT revoked when the dissolution/annulment/termination is finalized.)
3. The birth of your child or your adoption of a child
4. A termination of membership that results in a refund of your contributions

If there is no valid beneficiary designation on file at the time of your death, the accumulated contributions and interest will be payable to your survivors in the following order:

1. Your surviving spouse/registered domestic partner whether or not you were still living together at the time of your death
2. Your natural and adopted children
3. Your brothers and sisters
4. Your estate, if probated
5. Your trust

Pre-Retirement Nonmember Lump-Sum Beneficiary Designation Instructions

Section 1

Information About You

- Complete all fields.

Section 2

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 3

Your Secondary Beneficiary Information

- The benefit is paid to your named secondary beneficiary or beneficiaries 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 4

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**).