

# Beneficiary Designation For Survivor's Prorated Allowance

Complete this form if you are currently receiving a monthly allowance from CalPERS as a beneficiary or survivor of a deceased CalPERS member. Please print clearly. We are unable to process this form if there are erasures or corrections. See the information and instructions on the last page of this form for more detailed information.

## 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	
Deceased Member's Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Deceased Member's Birth Date (mm/dd/yyyy)		

## Section 2

### Your Primary Beneficiary Information

Please see the last page of this form for information on your survivor's prorated allowance benefit and instructions on how to name more than three 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 2 continues on page 2

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 2, continued**

**Your Primary Beneficiary Information, continued**

Name of Primary 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 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.

I understand that if I survive all of the person(s) named above, the prorated allowance, if any, upon my death will be paid to my estate if probated. If there is no probated estate or trust, the prorated allowance will be paid to my closest survivor(s) based on the following order: spouse or registered domestic partner; children; parents; brother and sister; or other survivor in the order prescribed by law.

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

## Beneficiary Designation for Survivor's Prorated Allowance Information

### Information

- A. This form should only be used by a survivor or beneficiary of a deceased CalPERS 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. A Purchasing Power Protection Allowance (PPPA) payment amount is included in the prorated benefit.
- C. The Public Employees' 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 will be paid to your survivors in the following order:
1. Your probated estate
  2. Your trust
  3. Your spouse or registered domestic partner
  4. Natural and adopted children
  5. Parents, share and share alike
  6. Brothers and sisters, share and share alike
  7. Stepchildren, share and share alike
  8. Grandchildren, including step-grandchildren, share and share alike
  9. Nieces and nephews, share and share alike
- D. You may designate or change your beneficiaries at any time by completing another beneficiary designation form. You may name as beneficiary any person or persons, a corporation, or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. You may not name or designate a guardian to receive the benefit for another person by use of this document.

## Beneficiary Designation for Survivor's Prorated Allowance 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**).