



Seattle City Employees' Retirement System

For office use only.
Retirement number:

Beneficiary Designation

Member Information

Name (First, Middle Initial, Last)		Today's Date	RETNO
Last 4 Social Security #	Phone Number	Email Address	

Important Definitions

ACWI (members who have not yet retired): ACWI refers to your Accumulated Contributions With Interest. Your beneficiary is entitled to your ACWI if you are not yet retired at the time of your death. If you are married at the time of death, the ACWI must be paid to your spouse, unless your spouse has signed a waiver of the right to the benefit.

Option A, B, or C (retired members): After retirement, your spouse or other beneficiaries can receive benefits if you select one of the retirement Options A through E at the time of retirement. Any option you choose at retirement cannot be changed later, and you can only change your retirement option beneficiary after retirement if you selected Option A, B, or C. If you are married at retirement, your spouse must be your only primary beneficiary, unless your spouse has signed a retirement application designating a different beneficiary or a waiver of the right to the benefit. For Option D or E, you cannot designate a beneficiary because the only beneficiary option is your spouse.

Death Benefit: As an active employee, you are an automatic member of the Death Benefit Program. When you retire, you can elect to continue this benefit. This \$2,000 benefit is payable upon your death to your named beneficiary(ies). If you are married at the time of death, this benefit must be paid to your spouse, unless your spouse has signed a waiver of the right to the benefit.

Primary Beneficiary or Beneficiaries: The person(s) or entity (for example, an estate, trust, or charitable organization) you choose to receive your ACWI, continuing retirement benefit, or death benefit. After your death, SCERS will pay all surviving primary beneficiaries equally or in the percentages you choose.

Contingent Beneficiary or Beneficiaries: The person(s) or entity you choose to receive your benefits if all your primary beneficiaries are deceased at the time of your death. If none of your primary beneficiaries survive you, SCERS will pay all contingent beneficiaries equally or in the percentages you choose.

Instructions

You must name at least one primary beneficiary. Do not name yourself. If you choose more than one primary beneficiary or more than one contingent beneficiary, the total percentage for each category must add up to 100 percent. Use whole numbers (for example, 66 percent and 34 percent). If you have more than three beneficiaries, attach a separate sheet with the same information as below; then sign and date it. You may name different beneficiaries for each type of benefit.

Beneficiary Designation(s)

<input type="checkbox"/> Primary	Death Benefit %	ACWI <i>or</i> Option A, B, C %	Beneficiary Name		Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Beneficiary Mailing Address
			Last 4 of Social Security #	DOB		City State ZIP
<input type="checkbox"/> Contingent	Death Benefit %	ACWI <i>or</i> Option A, B, C %	Beneficiary Name		Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Beneficiary Mailing Address
			Last 4 of Social Security #	DOB		City State ZIP
<input type="checkbox"/> Contingent	Death Benefit %	ACWI <i>or</i> Option A, B, C %	Beneficiary Name		Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Beneficiary Mailing Address
			Last 4 of Social Security #	DOB		City State ZIP

Are you legally married (or legally separated but not divorced)? Yes No

Signature and Date Required

Pay any benefits related to my account to my designated beneficiary(ies) in the percentage(s) shown, except as otherwise required by law. If any eligible beneficiaries die before me, share their percentages equally among the remaining eligible beneficiaries.

For each selected option, these changes replace any previous beneficiary choices I have made. I attest that all statements on this form are true, correct, and complete. I understand and consent to the choices shown.

Name (Please Print)

Signature

Date