

## **Beneficiary Designation**

See Instructions and Important Definitions on Page 3.

Your name (first, mid		Full Social	SCERSID						
Daytime Phone num	Email address								
Section 1: Benef	iciary Designation	l for Pens	ion Benef	it (Required	d Section	)			
☐ Primary%	Name (Last, First) or Full Na			Mailing Address					
Relationship	Social Security Number	Date of Birt	h	City	State	Zip Code			
☐ Primary% ☐ Contingent%	Name (Last, First) or Full Na	me of Entity	1	Mailing Address					
Relationship	Social Security Number	Date of Birt	h	City	State	Zip Code			
☐ Primary% ☐ Contingent%	Name (Last, First) or Full Name of Entity			Mailing Address					
Relationship	Social Security Number	Date of Birt	h	City	State	Zip Code			
☐ Primary% ☐ Contingent%	Name (Last, First) or Full Na	1	Mailing Address						
Relationship	Social Security Number	Date of Birt	h (	City	State	Zip Code			
Notarized Signatur	re and Date Required								
The statements on this form are true and correct and I understand and consent to the choices made.									
Print Member's Name Signature					Date	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
State of									
Signed or attested before me on by  Date Member Name									
	Date		M	ember Name		SEAL OR STAMP			
Signature of Notary	ignature of Notary Title Commission Expiration								

Your name (first, midd		Date		SCERSID						
Phone number	Email address									
Section 2: Beneficiary Designation for Death Benefit										
☐ Primary%	Name (Last, First) or Full Name of Entity			Mailing Address						
Relationship	Social Security Number	Date of Birth	l	City	State	Zip Code				
Primary%	Name (Last, First) or Full Name of Entity			Mailing Address						
Contingent%	Social Socurity Number	Data of Birth		City	Ctata	7in Codo				
Relationship	Social Security Number	Date of Birth	l	City	State	Zip Code				
Primary%	Name (Last, First) or Full N	ame of Entity		Mailing Address						
Contingent%										
Relationship	Social Security Number	Date of Birth	ı	City	State	Zip Code				
Drimon, 0/	Name (Last, First) or Full Name of Entity			Mailing Address						
☐ Primary        %           ☐ Contingent        %										
Relationship	Social Security Number	Date of Birth	1	City	State	Zip Code				
Section 3: Relationship Status (Required Section)  (If you choose someone other than your spouse / registered domestic partner for your primary beneficiary, you are required to jointly complete a Waiver of Right to Retirement Benefits.)										
☐ Married / legal☐ Single	lly separated but not div	orced / reg	istered dom	nestic partnership						
<b>Notarized Signature and Date Required:</b> Pay any benefits related to my Retirement System membership to my designated beneficiary(ies) in the percentage(s) shown in the sections above, 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.										
The statements on this form are true and correct and I understand and consent to the choices made.										
Print Member's Name Signature					Date					
State of County of										
Signed or attested before me onby  Date Member Name										
			Member Name		SEAL					
					S	OR STAMP				
Signature of Notary Title Commission Expiration										
Instructions										

You must name at least one primary beneficiary for each type of benefit. Do not name yourself. If you pick more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100%. Use whole numbers (for example 50% and 50% or 66% and 34%). Your spouse/registered domestic partner is your primary beneficiary unless you file a jointly signed Waiver of Right to Retirement Benefits.

If you have more beneficiaries than will fit on the form, attach a separate sheet with the same information. This sheet must be signed and notarized.

Once completed, signed, and notarized, you may return the form with any applicable attachments by bringing it to our offices at 720 Third Avenue, Suite 900, Seattle, WA 98104. You may also mail it to SCERS, 720 Third Avenue, Suite 900, Seattle, WA 98104 or upload forms and attachments through your Member Self-Service portal account. **To protect your personal information, please do not email the form.** 

## **Important Definitions**

**ACWI**: 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 or in a registered domestic partnership at the time of death, the ACWI must be paid to your spouse/registered domestic partner, unless you have jointly signed a Waiver of Right to Retirement Benefits

**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, only the spouse or registered domestic partner at the time of retirement may receive benefits attributable to the member's retirement account.

**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. 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.

If your beneficiary is a trust or charitable organization, please list the trust or charitable organization's Taxpayer Identification Number (TIN) in the Social Security Number area of the form.

**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.