



Beneficiary Designation

Your name (first, middle initial, last)		Date	SCERSID
Phone number	Email address		

Instructions

- You may name multiple beneficiaries, for both primary and contingent, and for each type of benefit. Make sure the percentages for all beneficiaries within one category total 100 percent.
- Please name at least one primary beneficiary for each type of benefit. (the beneficiary designation for your Death Benefit starts on page 4)
- Your spouse / domestic partner is your primary beneficiary, unless you file a Waiver of Right to Retirement Benefits.
- Read the important definitions on the last page.
- Initial and date each page. Complete and sign your form on page 5.
- Return your completed form to Seattle City Employees' Retirement System, 720 3rd Avenue, Suite 900, Seattle, WA 98104. Please call us at 206-386-1293 if you have questions.

Beneficiary(ies) to receive benefit attributable to my retirement account		
<input type="checkbox"/> Primary _____%	Name (last, first), or full name of entity	Relationship to you
Mailing address, including City, State, and Zip Code		Date of birth
		SSN

(You can name additional beneficiaries, and Death Benefit beneficiaries, on the following pages.)

Initial and date this page

Your name (first, middle initial, last)	SCERSID
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Beneficiary(ies) to receive benefit attributable to my retirement account (continued)		
<input type="checkbox"/> Primary _____% <input type="checkbox"/> Contingent _____%	Name (last, first), or full name of entity	Relationship to you
Mailing address, including City, State, and Zip Code		Date of birth
		SSN
<input type="checkbox"/> Primary _____% <input type="checkbox"/> Contingent _____%	Name (last, first), or full name of entity	Relationship to you
Mailing address, including City, State, and Zip Code		Date of birth
		SSN

(You can name additional beneficiaries, and Death Benefit beneficiaries, on the following pages.)

Initial and date this page

Your name (first, middle initial, last)	SCERSID
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Beneficiary(ies) to receive benefit attributable to my retirement account (continued)		
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<input type="checkbox"/> Primary _____% <input type="checkbox"/> Contingent _____%	Name (last, first), or full name of entity	Relationship to you
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Mailing address, including City, State, and Zip Code	Date of birth
	SSN

<input type="checkbox"/> Primary _____% <input type="checkbox"/> Contingent _____%	Name (last, first), or full name of entity	Relationship to you
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Mailing address, including City, State, and Zip Code	Date of birth
	SSN

(You can name additional beneficiaries, and Death Benefit beneficiaries, on the following pages.)

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Death Benefit: Beneficiary(ies) to receive death benefit		
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<input type="checkbox"/> Primary _____%	Name (last, first), or full name of entity	Relationship to you
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Mailing address, including City, State, and Zip Code	Date of birth
	SSN

<input type="checkbox"/> Primary _____%	Name (last, first), or full name of entity	Relationship to you
<input type="checkbox"/> Contingent _____%		

<input type="checkbox"/> Primary _____%	Name (last, first), or full name of entity	Relationship to you
<input type="checkbox"/> Contingent _____%		

Mailing address, including City, State, and Zip Code	Date of birth
	SSN

Mailing address, including City, State, and Zip Code	Date of birth
	SSN

For retirees only: <input type="checkbox"/> I do NOT elect the death benefit. <input type="checkbox"/> I DO elect the death benefit, and hereby name my beneficiary.

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Are you married, legally separated but not divorced, or in a domestic partnership?

- Yes (If you choose someone other than your spouse / domestic partner for your primary beneficiary, you are required to jointly complete a Waiver of Right to Retirement Benefits.)
- No

Read the important definitions on the next page.

Sign and date (required)

Pay any benefits related to my Retirement System membership 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

Your name (first, middle initial, last)	SCERSID
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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 domestic partnership at the time of death, the ACWI must be paid to your spouse / 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 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.

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.