



Name (First, Middle Initial, Last) _____	Today's Date: _____
Primary Phone: _____	Primary Email Address: _____

Primary \_\_\_\_\_%     Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

Primary \_\_\_\_\_%     Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

Primary \_\_\_\_\_%     Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

Primary \_\_\_\_\_%     Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

**REQUIRED: Notarized Signature and Date**

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 on \_\_\_\_\_ by \_\_\_\_\_  
Date Member Name

SEAL  
OR  
STAMP

Signature of Notary \_\_\_\_\_ Title \_\_\_\_\_ Commission Expiration \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

**Section 3: Beneficiary Designation for Death Benefit**

Primary \_\_\_\_\_%  Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

Primary \_\_\_\_\_%  Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

Primary \_\_\_\_\_%  Contingent \_\_\_\_\_%

Name (Last, First) or Full Name of Entity: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (include zip code): \_\_\_\_\_

**REQUIRED: Notarized Signature and Date** 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 on \_\_\_\_\_ by \_\_\_\_\_  
Date Member Name

SEAL  
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.