



# COUNTY OF TULARE BOARD OF RETIREMENT

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## DESIGNATION OR CHANGE OF BENEFICIARY

**INFORMATION:** This form is used to designate beneficiary(ies) for retirement benefits payable by the Tulare County Employees' Retirement Association (TCERA) in the event of your death in accordance with the Government Code. You may designate any person(s) or your estate. **In the case of a minor child, a trustee or guardian should be designated.** The Primary Beneficiary(ies), if living, will receive the benefits. The Contingent Beneficiary(ies) will receive the benefits if the Primary Beneficiary(ies) is deceased.

**ACTIVE MEMBERS:** I understand that an eligible spouse and/or minor child(ren) may be entitled to benefits payable under the Government Code, including Section 31781.1. This applies even if I do not designate my spouse as beneficiary and will supersede any beneficiary designation. \_\_\_\_\_

(initial here)

**RETIRED MEMBERS:** I understand that the designation on the reverse of this form is separate and apart from any beneficiary eligible for a continuance of my TCERA pension, in accordance with the Government Code. \_\_\_\_\_

(initial here)

**CONTINUANCE BENEFICIARIES:** I understand that this designation is for the purposes of identifying the beneficiary for any remainder of my continuance pension. \_\_\_\_\_

(initial here)

### INSTRUCTIONS:

- 1) Complete ALL information requested on both sides of this form. All beneficiary information is required (including contact information and Social Security Number for tax reporting purposes). An incomplete or incorrectly completed form may result in a legally unacceptable designation.
- 2) Sign and date the form.
- 3) Obtain the signature of a witness on the completed form. The witness must be someone other than your named beneficiary(ies). The complete address of the witness is required.
- 4) This beneficiary election form is a legal document and must be completed in blue or black ink. The Designation or Change of Beneficiary Form will be returned if filled out or signed in pencil. "White-Out" or other correction tape or fluid may not be used. **To correct an error, line through the incorrect information and initial the change. The witness of the document must also initial the change.**
- 5) Mail or deliver the completed form to TCERA at the address shown above. **The beneficiary designation on this form is not effective until filed with TCERA.**

### MEMBER/PAYEE INFORMATION (please print):

Member/Payee Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Membership Type: ☐ Active – Current Employee Hire Date \_\_\_\_\_ Current Dept. \_\_\_\_\_

☐ Active – Deferred/Intersystem ☐ Retired ☐ Continuance

**Spouse Information:** Name \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

In accordance with applicable provisions of the "County Employees Retirement Act of 1937" as amended, I hereby designate the following individuals as primary and/or contingent beneficiary(ies), for any retirement death benefits available and/or return of any member's accumulated contributions. *(Please attach additional forms if the number of beneficiaries exceeds the space provided)*

*\*Please make sure all addresses are complete, including City, State, and Zip Code.*

**PRIMARY BENEFICIARY**

**(The total of all primary beneficiaries must equal 100%)**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

**CONTINGENT BENEFICIARY**

**(The total of all contingent beneficiaries must equal 100%)**

1. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ % \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

**Requested Trustee or Guardian for the benefit of any minor child(ren) listed as Beneficiary(ies):**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

**This beneficiary designation supersedes any previous designations by me.**

\_\_\_\_\_  
Signature of Member/Payee (do not print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness (over age 18 and other than beneficiary)

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_