SAVE FORM CLEAR FORM

StanCERA

Stanislaus County Employees' Retirement Association

Written Nomination of Beneficiary
$5,000 Retiree Death Benefit

Type or print in ink.

SECTION 1: RETIREE INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

NEW ADDRESS? ☐ **YES** ☐ **NO**

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
HOME ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:

SECTION 2: BENEFICIARY INFORMATION

PRIMARY BENEFICIARY

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:

BENEFICIARY #2 ☐ ***PRIMARY*** ☐ ***CONTINGENT***

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:

BENEFICIARY #3 ☐ ***PRIMARY*** ☐ ***CONTINGENT***

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

BENEFIT PERCENT:	MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
	HOME ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**

HOME PHONE:	CELL PHONE:	E-MAIL ADDRESS:	RELATIONSHIP:

CONTINUES ON BACK - SIGNATURE REQUIRED

RETIREE INFORMATION – PAGE 2

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

BENEFICIARY #4 ☐ *PRIMARY* ☐ *CONTINGENT*					
FIRST NAME:	**MI:**	**LAST NAME:**	**DATE OF BIRTH:**	**SOCIAL SECURITY NUMBER:**	
BENEFIT PERCENT:	**MAILING ADDRESS:**		**CITY:**	**STATE:**	**ZIP CODE:**
	HOME ADDRESS:		**CITY:**	**STATE:**	**ZIP CODE:**
HOME PHONE:	**CELL PHONE:**	**E-MAIL ADDRESS:**		**RELATIONSHIP:**	

BENEFICIARY #5 ☐ *PRIMARY* ☐ *CONTINGENT*					
FIRST NAME:	**MI:**	**LAST NAME:**	**DATE OF BIRTH:**	**SOCIAL SECURITY NUMBER:**	
BENEFIT PERCENT:	**MAILING ADDRESS:**		**CITY:**	**STATE:**	**ZIP CODE:**
	HOME ADDRESS:		**CITY:**	**STATE:**	**ZIP CODE:**
HOME PHONE:	**CELL PHONE:**	**E-MAIL ADDRESS:**		**RELATIONSHIP:**	

SECTION 3: REQUIRED SIGNATURES

I hereby nominate the above-named beneficiary to receive a $5,000 death benefit at the time of my death and upon receipt of a photocopy of my final certified death certificate.

This revokes any and all previous beneficiaries nominated for this benefit.

Applicant Signature: _____ **Printed Name:** _____ **Date:** _____

Witness Signature: _____ **Printed Name:** _____ **Date:** _____
(other than named beneficiary)