

During the retirement process, you designate a beneficiary for your pension benefits to ensure that your benefit is paid to the intended recipient(s) upon your death. When you designate a beneficiary, you provide information about the beneficiary so that SFERS can locate them to ensure that your benefits are paid as you intend. These benefits are outlined in your [Summary Plan Provisions](#). You may also choose to voluntarily purchase an option that increases the benefit that your qualified survivor or beneficiary may receive. These options are explained during your retirement counseling appointment.

After you retire, your beneficiary designation should be kept current to ensure that benefits are paid as you intend. Marriage, establishment of a domestic partnership, divorce, dissolution of a domestic partnership, and birth or adoption of a child all impact your beneficiary designation. You may update your beneficiary designated to receive the lump sum benefit by submitting a new Beneficiary Designation Form.

If the beneficiary that you designate dies before you, or if you do not designate a beneficiary, the benefit is paid to your estate.

### Definitions

#### Beneficiary

A beneficiary may be a person or persons; a trust; a Special Needs Trust; or your estate. If you designate a trust as a beneficiary, you must submit a copy of the first and signature pages of the trust. If you name a Special Needs Trust, you must submit a Beneficiary Designation Form on paper and meet additional documentation and certification requirements. Please visit the Forms page, ([hyperlink to forms page](#)) for more information. You cannot designate a charitable organization or corporation as a beneficiary.

#### Primary Beneficiary

A primary beneficiary is the first in line to receive a benefit. You may name as many primary beneficiaries as you like. However, if you are an active member, **your spouse or domestic partner must be designated as your sole primary beneficiary** to be eligible to receive a monthly continuation benefit if you die before you retire and you are eligible for service retirement at the time of your death. If you name more than one primary beneficiary, each will receive an equal share of your death benefit.

#### Contingent Beneficiary

A contingent beneficiary receives a benefit if your primary beneficiaries are deceased, or cannot be located, at the time of your death. You may name as many contingent beneficiaries as you like. If you name more than one contingent beneficiary, each will receive an equal share of your death benefit.



# SFERS

San Francisco Employees' Retirement System

1145 Market Street, 5<sup>th</sup> Floor, San Francisco, CA 94103  
Website: [www.mysfers.org](http://www.mysfers.org) Telephone: (415) 487-7000

## Beneficiary Designation Form Retired Member

### 1. Member Information

Name (First, Middle Initial, Last)	Social Security Number	DSW#	Birth Date
Preferred Email Address		Daytime Phone Number	

### 2. Beneficiary Designation for Lump Sum Death Benefit—Retired Member

You may name one or more primary and contingent beneficiaries. You can name individuals, your estate, a trust, or a Special Needs Trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document. If you name a Special Needs Trust, you must submit a Special Needs Trust Certification Form and a copy of the entire trust document.

You may change beneficiaries for this benefit at any time by submitting a *Beneficiary Designation Form* via the secure member portal at [www.mysfers.org](http://www.mysfers.org).

#### Primary Beneficiary(ies)

1. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
2. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
3. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number

#### Contingent Beneficiary(ies)

1. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
2. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number

\*If you need additional space, attach a separate sheet of paper and indicate that you are designating additional primary and/or contingent beneficiaries for Section 2 or 3. Be sure to include your signature and the date.

**3. Beneficiary Designation for Option 1 Payout**

Complete this section only if you elected the Option 1 Payout.

You may name one or more primary and contingent beneficiaries. You can name individuals, your estate, a trust, or a Special Needs Trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document. If you name a Special Needs Trust, you must submit a Special Needs Trust Certification Form and a copy of the entire trust document.

Should I survive my named beneficiary(ies), I request and authorize that such death benefit be paid to my estate or to such other beneficiary(ies) as I may hereafter nominate by written designation duly filed with the Retirement System. You may change beneficiaries for this benefit at any time by submitting a Beneficiary Designation Form via the secure member portal at [www.mysfers.org](http://www.mysfers.org).

Primary Beneficiary(ies)		
1. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
2. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
3. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
Contingent Beneficiary(ies)		
1. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number
2. Name (First, Middle Initial, Last)	Social Security Number	Birth Date
Mailing Address (Street, City, State, Zip Code)		Relationship to Member
Preferred Email Address		Daytime Phone Number

\*If you need additional space, attach a separate sheet of paper and indicate that you are designating additional primary and/or contingent beneficiaries for Section 2 or 3. Be sure to include your signature and the date.

**4. Member Acknowledgment**

Read the paragraphs below and place your initials on the lines next to them to indicate that you understand their contents. At the bottom of this section, sign, date, and print your name. Your signature on this form must be notarized.

I affirm that the information I have provided on this form is complete and true to the best of my knowledge and belief. In addition, I understand the following:

\_\_\_\_\_ The beneficiary designations made on this form indicate how death benefits are to be distributed upon my death. The designations made on this form cancel any beneficiary designations I have made in the past.

\_\_\_\_\_ If I designate more than one beneficiary in Section 2, all beneficiaries will share the death benefit equally. If no beneficiaries survive me, death benefits, if any, will be paid to my estate.

\_\_\_\_\_ California community property laws will always affect distribution of death benefits regardless of the designations made on this form.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Name (printed)

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**SFERS Use Only**

Reviewed by: \_\_\_\_\_  
(print)

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