



A Special Needs Trust is a trust designed to manage funds for the benefit of a disabled individual. Funds paid to a Special Needs Trust for disabled individuals are treated differently than funds paid directly to a disabled individual, thereby protecting the individual's public benefits.

The San Francisco Charter allows a member of SFERS to designate a Special Needs Trust as a beneficiary. (San Francisco Admin Code Sections 16.29-3; 16.75; 16.79; 16.79-1; and 16.80.)

To designate a Special Needs Trust as a beneficiary, all the following requirements must be met:

1. Submit a completed SFERS Beneficiary Designation Form designating the Special Needs Trust as beneficiary;
2. Submit a copy of the complete Trust document; and
3. Complete and submit the SFERS Special Needs Trust Certification form, signed by all trustees currently acting at the time the trust is certified.

The documents listed above must be submitted to SFERS in hard copy with the original signatures of all trustees currently acting at the time the trust is certified.

At the time that Special Needs Trust beneficiary designation takes effect, the then-acting Trustees will be required to certify that the Special Needs Trust continues to meet the requirements of Title 26 of the Code of Federal Regulations and has not been revoked, modified, or amended in any form. This certification must be signed by all trustees currently acting at the time the trust is certified and submitted as a declaration.

The Special Needs Trust Certification Form is available on the SFERS website.



# 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

## Certification of Special Needs Trust

When you name a Special Needs Trust as a beneficiary for the lump sum benefit of your SFERS account and/or as an option at retirement, you must submit this certification. (San Francisco Administrative Code Section 16.79-1).

1. This Certification must be signed by the SFERS member and all trustees currently acting at the time the trust is certified. If there are more than three trustees, attach additional signature page(s).
2. Submit this signed Certification with a complete copy of the Special Needs Trust document **and** a Beneficiary Designation Form to SFERS at the address above.

### 1. Member Information

First Name, Middle Initial	Last Name	Soc Sec # (last 4 digits)	Today's Date
DSW#	Daytime Phone Number	Preferred Email Address	

### 2. Special Needs Trust Information

Name of Primary Beneficiary of Trust	Date of Birth	Soc Sec #
Mailing Address (Street, Apartment Number)	Mailing Address (City, State, Zip Code)	

By naming a Special Needs Trust as a beneficiary, I certify under penalty of perjury that the Special Needs Trust complies with all the requirements in clause A-6 of Section 1.401(a)(9)-4 of Title 26 of the Code of Federal Regulations and conditions in this subsection (a), and San Francisco Administrative Code Section 16.79 (b), as amended from time to time.

### Member Signature

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

Date \_\_\_\_\_

### 3. Trustee(s) Information

#### Current Trustee Name and Signature

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

Date \_\_\_\_\_

#### First Successor Trustee Name and Signature

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Second Successor Trustee Name and Signature

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Third Trustee Name and Signature

Trustee Name \_\_\_\_\_

Trustee Signature \_\_\_\_\_

Date \_\_\_\_\_