

SUPPLEMENTAL BENEFICIARY DESIGNATION FORM



If you wish to designate more than three beneficiaries, please use this page to provide the additional information. Be sure to include all required details for each beneficiary to ensure that your preferences are accurately reflected.

I. MEMBER INFORMATION

Full Name: _____ SSN: XXX-XX-_____

Date of Birth: _____ Phone: _____ PIN: _____
MM-DD-YYYY

II. ADDITIONAL BENEFICIARY DESIGNATIONS

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

SUPPLEMENTAL BENEFICIARY DESIGNATION FORM

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

Full Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Relationship: _____ Percentage: _____
MM-DD-YYYY

III. MEMBER DECLARATION

By signing this Supplemental Beneficiary Designation Form, I acknowledge that the beneficiaries listed on this form are to be included as additional beneficiaries to those already designated on my attached Member's Affidavit.

Member Signature

Date

Sacramento County Employees' Retirement System (SCERS)
980 9th Street, Suite 1900, Sacramento, CA 95814-2739 | (916) 874-9119 | scers.gov | sacretire@saccounty.gov