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Santa Barbara County Employees' Retirement System

Beneficiary Designation Form

_____ **Print Your Name**

_____ **Social Security Number**

1. I am a member of the Santa Barbara County Employees' Retirement System and pursuant to the County Employees Retirement Act of 1937, as amended, I hereby designate and nominate to receive any and all of my death benefits payable under such Act:

Name: _____ Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Birth Date: _____ Telephone number: () _____

Social Security Number: _____ - _____ - _____

2. Secondary Beneficiary: In the event my beneficiary listed above predeceases me, I hereby nominate and designate:

Name: _____ Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Birth Date: _____ Telephone number: () _____

Social Security Number: _____ - _____ - _____

2. All prior death benefit nominations executed by me are hereby revoked and rescinded.

PLEASE NOTE: Pursuant to the County Employees Retirement Law, a surviving spouse/domestic partner may be entitled to receive retirement survivor and death benefits even if he/she has not been formally named as beneficiary. If Dissolution of Marriage/Domestic Partnership has occurred, it is mandatory that you provide this office with complete conformed copies of the Disposition of Judgment, the Marital Settlement Agreement, if any, and/or any court order involving the Disposition of Pension Benefits indicating that your former spouse/domestic partner is not entitled to any portion of your retirement benefits. Until these documents are provided we cannot change your current beneficiary designation

_____ **Date**

_____ **Signature**