



Sacramento County Employees' Retirement System
 980 9th Street, Suite 1800
 Sacramento, CA 95814
 Phone: (916) 874-9119
 Fax: (916) 874-6060
 Web: www.scers.org

MEMBER'S AFFIDAVIT – FORM 6019

ACTIVE MEMBER DEFERRED MEMBER RETIRED MEMBER OTHER _____

I. NAME & SOCIAL SECURITY NUMBER Change of Existing Information

First, Middle & Last Name	SSN:
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II. PERSONAL INFORMATION Change of Existing Information

Mailing Address: _____
 _____ City _____ ST _____ ZIP _____

Home Address:
 (If different from Mailing address) _____
 _____ City _____ ST _____ ZIP _____

Telephone Number: () _____ Birth Date: Month _____ Day _____ Year _____

III. PERSONAL STATUS Change of Existing Information

Single Married Registered Domestic Partner
 Widowed Divorced De-Registered Domestic Partner

IV. BENEFICIARY DESIGNATION(S) Change of Existing Information

	Beneficiary 1		Beneficiary 2		Beneficiary 3	
First Name						
Last Name						
Street Address						
City/State/ZIP						
SSN						
Birth Date						
Relationship & Percentage		%		%		%

Check if additional beneficiary and/or guardian information is provided in an attachment.

V. PRIOR MEMBERSHIP IN OTHER PUBLIC RETIREMENT SYSTEM(S)

Public Retirement System	Dates of Membership	Status with last public last retirement system.			
SCERS <input type="checkbox"/>		Active <input type="checkbox"/>	Misc. <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	
CalPERS <input type="checkbox"/>		Deferred <input type="checkbox"/>	Safety <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	
STRS <input type="checkbox"/>		Retired <input type="checkbox"/>		Tier 3 <input type="checkbox"/>	
Other <input type="checkbox"/>		Withdrawn <input type="checkbox"/>			

