



Sacramento County Employees' Retirement System  
 980 9th Street, Suite 1900  
 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 &amp; Last Name

SSN:

**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	
<b>First Name</b>						
<b>Last Name</b>						
<b>Street Address</b>						
<b>City/State/ZIP</b>						
<b>SSN</b>						
<b>Birth Date</b>						
<b>Relationship &amp; Percentage</b>		%		%		%

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		Withdrawn 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"/>			

