



**Sacramento County Employees' Retirement System**  
**980 9th Street, Suite 1900**  
**Sacramento, CA 95814**  
**Phone: (916) 874-9119**  
**Email: SacRetire@saccounty.net**  
**Web: www.scers.org**

## MEMBER'S AFFIDAVIT

[ ] ACTIVE MEMBER [ ] DEFERRED MEMBER [ ] RETIRED MEMBER [ ] OTHER \_\_\_\_\_

**I. NAME & SOCIAL SECURITY NUMBER** √ Change of Existing Information [ ]

First, Middle & Last Name	SSN: XXX-XX-
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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

Email Address: \_\_\_\_\_

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)**  
 By providing the Prior Membership information below, I understand that I am asking SCERS to communicate with my prior retirement system(s) where permissible, and, establish reciprocity. \_\_\_\_\_ [Initial]

Public Retirement System	Dates of Membership	Status with last public last retirement system.		
CalPERS [ ]		Active [ ]	Retired [ ]	Misc. [ ]
CalSTRS [ ]		Deferred [ ]	Withdrawn [ ]	Safety [ ]
Other _____ [ ]				

