



Sacramento County Employees' Retirement System
 980 9th Street, Suite 1900
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 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)

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 <input type="checkbox"/>		Active <input type="checkbox"/>	Retired <input type="checkbox"/>	Misc. <input type="checkbox"/>
CalSTRS <input type="checkbox"/>		Deferred <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Safety <input type="checkbox"/>
Other _____ <input type="checkbox"/>				

VI. MEMBER DECLARATION OR REQUIRED CONSENT

Section 31760.3 of the Government Code requires the Sacramento County Employees' Retirement System (hereinafter "Plan") to notify your current spouse or registered domestic partner if you change your beneficiary, request a refund of accumulated contributions, or elect an optional settlement of retirement benefits. With limited exceptions, **the Plan cannot allow the designation of an alternate beneficiary without the approval of the current spouse or registered domestic partner.**

A. MEMBER DECLARATION [Read declaration and initial one item, unless Required Consent applies.]

By affixing my initials to one of the statements offered below, I declare that I have accurately reported my marital or partnership status as of the date indicated on this Member's Affidavit and do so under penalty of perjury.

_____ I am single, widowed, divorced or de-registered, and I am unaware of any undisclosed actions, agreements or stipulations regarding my Plan benefits.

_____ I am married or registered as a domestic partner and I have named my spouse or registered domestic partner as sole beneficiary under the Plan. Beyond the interests of my current spouse or registered domestic partner, I am unaware of any undisclosed actions, agreements or stipulations regarding my Plan benefits.

B. REQUIRED CONSENT - CURRENT SPOUSE OR REGISTERED DOMESTIC PARTNER AGREEMENT TO ALTERNATE BENEFICIARY

I acknowledge and agree with the BENEFICIARY DESIGNATION(S) elected by my spouse or registered domestic partner, and I understand that my consent to this item is voluntary. Absent a Court order to the contrary, I also understand that (a) the beneficiary change requested by my spouse or registered domestic partner is not effective without my signature, (b) future beneficiary changes by my spouse or registered domestic partner still require my signature and consent, and (c) the effect of my signature and consent may be to forfeit benefits to which I would otherwise be entitled upon the death of my spouse or registered domestic partner.

Spouse or Registered Domestic Partner Signature

Date

REQUIRED VERIFICATION OF SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE

Option i: Witnessed by Plan Representative

Signature witnessed this _____ day of _____, 20 _____.

Plan Representative: _____

Option ii: Witnessed by Notary Public

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Required Consent as a free and voluntary act.

(SEAL) Notary Public: _____

My Commission Expires: _____

VII. MEMBER APPROVAL OF REQUESTED CHANGES AND/OR ADDITIONS

I understand in the event of my death before retirement, my surviving spouse and/or minor children may have superior rights to benefits pursuant to provisions of the County Employees' Retirement Law of 1937, regardless of whether I named the spouse and/or minor children as beneficiary(ies) of any benefits payable on or by reason of the member's death. I declare under penalty of perjury, that the foregoing statements are full, true and correct.

X

Member Signature & Print Name **Date**