



IMPERIAL COUNTY EMPLOYEES' RETIREMENT SYSTEM

BENEFICIARY CHANGE REQUEST FORM

<https://icers.imperialcounty.org>

MEMBER INFORMATION

Please check one: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Deferred / Intersystem <input type="checkbox"/> Survivor			
First Name	Middle	Last Name	Social Security Number
Street Address			Home Phone
Employee Number	Position	Department Name	Work Phone

BENEFICIARY INFORMATION

- Attach an additional page if you designate more than five beneficiaries
- Percentages for primary beneficiaries must add to 100%
- Percentages for alternate beneficiaries must also add to 100%

Relationship to Member	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage (%)	Birth Date of Beneficiary
First Name	Middle	Last Name	Social Security Number	
Street Address				
City	State	Zip Code	Daytime Phone	

Relationship to Member	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage (%)	Birth Date of Beneficiary
First Name	Middle	Last Name	Social Security Number	
Street Address				
City	State	Zip Code	Daytime Phone	

Relationship to Member	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage (%)	Birth Date of Beneficiary
First Name	Middle	Last Name	Social Security Number	
Street Address				
City	State	Zip Code	Daytime Phone	

BENEFICIARY INFORMATION (continued)

Relationship to Member	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage (%)	Birth Date of Beneficiary
First Name	Middle	Last Name	Social Security Number	
Street Address				
City	State	Zip Code	Daytime Phone	

Relationship to Member	<input type="checkbox"/> Primary <input type="checkbox"/> Alternate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Percentage (%)	Birth Date of Beneficiary
First Name	Middle	Last Name	Social Security Number	
Street Address				
City	State	Zip Code	Daytime Phone	

This new designation cancels all previous designations. Your signature certifies that the information you have provided on this form is correct and authorizes ICERS to update your record.

Signature of Member	Date
Signature of Staff (Must be a Notary Public if not witnessed by a retirement staff member)	Date

Submit this completed form to ICERS
1221 State St. El Centro, CA 92243
Tel: (442)265-7550 - Fax: (442) 265-7545
Email: icers@co.imperial.ca.us

PRIMARY-ALTERNATE BENEFICIARY CERTIFICATION

You may name one person or any number of persons as your primary or alternate beneficiary.

1. **Primary Beneficiary:** A primary beneficiary is the person or persons who would receive a benefit from ICERS upon your death.
2. **Alternate Beneficiary:** An alternate beneficiary is the person or persons who would receive a benefit from ICERS if you have no living primary beneficiary/ies on the date of your death.
3. If you name more than one person in either category, you must indicate what percentage of the benefit each individual is to receive. The total percentage for each category must add to 100%. If you do not indicate a percentage, the benefit will be divided into equal parts.
4. If you are retiring and married, it is necessary to submit proof of marriage and your spouse's Social Security Card, so that your benefits can be properly administered.

NOTIFICATION OF SPOUSE

Government Code Section 31760.3 requires that the current spouse be notified of the selection of benefits or change of beneficiary made by a member. (If no spouse signature appears below, a Justification For Non-Signature of Spouse Form must be completed and returned to ICERS.)

I, _____, acknowledge my spouse's request for:
(Please print)

- An application for a refund of member's accumulated contributions
- An election of optional settlement
- A selection or change in beneficiary designation

Spouse's Signature

Date

JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE OR DOMESTIC PARTNER

Please print Name, Address, City, State, Zip below.

Government Code Section 31760.3 requires that the current spouse or domestic partner be notified of the selection of benefits or change of beneficiary made by a member, unless the member makes the following declaration, in writing under penalty of perjury.

I, _____ (member name), declare:

1. That on _____ I have made: (Check One)
Date (mm/dd/yyyy)

- An application for a refund of my accumulated contributions
- An election of optional settlement
- A change in beneficiary designation

Select either 2 or 3 and indicate specifics:

2. By checking this box, you indicate that you are not legally married or in a legal domestic partnership because: (Check One)
- Never married or never in a legal domestic partnership
 - Divorced/Legally Separated/Marriage Annulled or Domestic Partnership terminated _____
Date (mm/dd/yyyy)
 - Widowed _____
Date (mm/dd/yyyy)

3. That my selection of benefits or change of beneficiary, as mentioned above in Section 1, did not contain the signature of my current spouse or domestic partner because: (Check One)
- My current spouse or domestic partner has no identifiable community property interest in the benefit.
 - I do not know, and have taken all reasonable steps to determine the whereabouts of my current spouse or domestic partner.
 - My current spouse or domestic partner has been advised of the application and refused to sign the written acknowledgement.
 - My current spouse or domestic partner is incapable of executing the acknowledgement because of incapacitating mental or physical condition.
 - My current spouse or domestic partner and I have executed a marriage settlement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code, which makes the community property law inapplicable to the marriage.

If a selection was made under Section 3, you must provide the name of your spouse or domestic partner below:

My current spouse or domestic partner's name is _____
(Please print)

I declare under penalty of perjury all of the foregoing statements to be true and correct.

Executed this _____ day of _____, 20____, in _____, _____
(CITY) (STATE)

(SIGNATURE OF DECLARANT)

(S.S.N. OF DECLARANT)

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