



CFRS CITY OF FRESNO RETIREMENT SYSTEMS

BENEFICIARY DESIGNATION FORM

- Fire & Police System
- Employees System

RETURN COMPLETED FORM AND ALL REQUIRED ATTACHMENTS TO: City of Fresno Retirement Systems 2828 Fresno Street Suite 201 Fresno California 93721-1327
 For questions call : (559) 621-7080 Email: Retire@Fresno.gov or visit www.CFRS-CA.org

If you are married or in a registered domestic partnership, your spouse/registered domestic partner may have superior rights to payment over any other beneficiary you name. The designation of a spouse/registered domestic partner as a beneficiary is automatically canceled by a dissolution of marriage or termination of a registered domestic partnership. If you are divorced or terminated a registered domestic partnership, be certain your beneficiary designation complies with the terms of your marital/registered domestic partnership order. Contingent beneficiaries are paid benefits only if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add to 100%. Percentages for contingent beneficiaries must also add to 100%.

In order to complete a Beneficiary Designation change, Retirement Staff is required to speak with you by telephone before implementation. If you do not receive a phone call within 2 weeks of mailing, please call to confirm receipt.

SECTION 1: MEMBER INFORMATION (check one) Active Deferred Vested DROP Retired Alternate Payee

Male Female

First Name MI Last Name Social Security Number Date of Birth

Street Address City State Zip Home Phone Cell Phone

SECTION 2: BENEFICIARY INFORMATION - If you are in DROP, you must complete Section 4.

I am hereby requesting that my beneficiary be changed because of:

- MARRIAGE / REGISTERED DOMESTIC PARTNERSHIP**
You must attach a copy of marriage certificate or registration of domestic partnership.
- UNMARRIED MEMBER**
My current beneficiary is not spouse/registered domestic partner, and I am changing my beneficiary to someone other than a spouse/registered domestic partner.
- DIVORCE / TERMINATED REGISTERED DOMESTIC PARTNERSHIP**
You must attach a copy of final divorce/termination of registered domestic partnership papers signed by the judge which outlines the disposition of retirement benefits.
- DEATH OF SPOUSE / REGISTERED DOMESTIC PARTNER**
You must attach a copy of original death certificate.
- OTHER - PLEASE LIST** i.e. Birth of Child, Add/Update Trust Information, Add/Update Contingent, DROP, or Option 1 Beneficiary

PRIMARY BENEFICIARY

Primary Male Female

Relationship First Name MI Last Name Social Security Number

Percent (%) Date of Birth Street Address City State Zip

Primary Male Female

Relationship First Name MI Last Name Social Security Number

Percent (%) Date of Birth Street Address City State Zip

Primary Male Female

Relationship First Name MI Last Name Social Security Number

Percent (%) Date of Birth Street Address City State Zip

Primary Male Female

Relationship First Name MI Last Name Social Security Number

Percent (%) Date of Birth Street Address City State Zip

Primary Male Female

Relationship First Name MI Last Name Social Security Number

Percent (%) Date of Birth Street Address City State Zip

Attach an additional page if you wish to designate more beneficiaries.

SECTION 3: TRUST OR NON-PROFIT CORPORATION INFORMATION

Complete this section if you are naming a Trust or Non-Profit Corporation as your Beneficiary. See attached instructions.

<input type="checkbox"/> Primary	Percent (%)	Official Name of Trust or Non-Profit Corporation	Tax ID Number
<input type="checkbox"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Person for Trust or Non-Profit Corporation	Contact Daytime Phone Number
<input type="text"/>	<input type="text"/>

SECTION 4: BENEFICIARY INFORMATION - FOR DROP MEMBERS ONLY

<input type="checkbox"/> Primary	Relationship	First Name	MI	Last Name	Social Security Number
<input type="checkbox"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percent (%)	Date of Birth	Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary	Relationship	First Name	MI	Last Name	Social Security Number
<input type="checkbox"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percent (%)	Date of Birth	Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5: OPTION 1 BENEFICIARY - Complete this section if you are in DROP or retired and elected an Option 1.

<input type="checkbox"/> Primary	Relationship	First Name	MI	Last Name	Social Security Number
<input type="checkbox"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percent (%)	Date of Birth	Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary	Relationship	First Name	MI	Last Name	Social Security Number
<input type="checkbox"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Percent (%)	Date of Birth	Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6: REQUIRED SIGNATURE Beneficiary information will not be accepted without your signature. This new designation cancels all previous Retirement and DROP benefit designations. (This new designation does not cancel designations made pursuant to the City's Deferred Compensation Plan).

Member's Signature Required _____ Date _____

SECTION 7: SPOUSE/REGISTERED DOMESTIC PARTNER SIGNATURE

If your spouse /registered domestic partner is NOT LISTED as the primary beneficiary of your DROP account or Option 1 election, the following must be completed (this requirement does not apply to an Alternate Payee beneficiary designation) :

As the spouse / registered domestic partner of the member listed above, I understand that I have not been named as beneficiary to receive the member's DROP benefits or Option 1 election in the event of my spouse's / registered domestic partner's death. (Your signature must be witnessed by a member of the System's administrative staff or commissioned notary.)

Spouse / Registered Domestic Partner Signature _____ Date _____

System's Administrative Staff Signature _____ Date _____

Notary Signature _____ Date _____

NOTARY SEAL HERE

FOR ADMINISTRATIVE STAFF USE ONLY

RECEIVED BY: _____ DATE ENTERED: _____ PHONE CONFIRMATION: _____ BOARD APPROVAL DATE: _____

BENEFICIARY DESIGNATION EXPLANATION AND INSTRUCTIONS

It is important to keep your beneficiary designation current. In the event of your death, it will simplify the payment process for your beneficiaries. Trusts or a Non-Profit corporation named as beneficiaries may receive a lump sum payment, but not a continuance.

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

SECTION 2: BENEFICIARY INFORMATION

Each person you name must be designated either primary or contingent and have a percent assigned. The primary or contingent designation indicates the order in which beneficiaries are eligible to receive benefits. Contingent beneficiaries are only paid benefits if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add to 100%. Percentages for contingent beneficiaries must add to 100%. See the examples provided.

If you are married or in a registered domestic partnership, your spouse/registered domestic partner may have superior rights over any other person you name as beneficiary. Remember, some beneficiaries may not be eligible to receive certain monthly continuances or benefits. If your beneficiaries are not living at the time of your death, or if you do not have a beneficiary designation at the time of your death, eligible benefits will be paid to your estate.

The following examples may help you complete Section 2:

Example 1: Married/Registered Domestic Partnership with three (3) children:

Primary	Spouse/Domestic Partner	SHARING BENEFITS	100%
Contingent	son		33.3
Contingent	daughter		33.3
Contingent	son		33.4
TOTAL			100%

Example 2: Unmarried/No Registered Domestic Partnership with three (3) children:

Primary	son	SHARING BENEFITS	33.4
Primary	son		33.3
Primary	daughter		33.3
TOTAL			100%

SECTION 3: TRUST OR NON-PROFIT INFORMATION

Complete this section if you are naming a Trust or Non-Profit corporation as your beneficiary. Use the language your attorney has given you when naming the Trust or Non-Profit corporation and include the tax identification number, if applicable. Also include the contact person's name and phone number (other than yourself) for your Trust or Non-Profit Corporation. Remember, if your beneficiary is eligible for a monthly continuance upon your death that continuance cannot be paid to a Trust or Non-Profit Corporation.

SECTION 4: DROP BENEFICIARY INFORMATION

Each person you name must be designated either primary or contingent and have a percent assigned. The primary or contingent designation indicates the order in which beneficiaries are eligible to receive benefits. Contingent beneficiaries are only paid benefits if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add to 100%. Percentages for contingent beneficiaries must add to 100%. See the examples provided.

SECTION 5: OPTION 1 BENEFICIARY

Each person electing an Option 1 form of retirement benefit must designate a beneficiary to receive the remaining accumulated contributions (less the sum of actual monthly annuity payments paid during your retirement.) The primary and contingent designation indicates the order in which beneficiaries are eligible to receive benefits. Contingent beneficiaries are only paid if the primary beneficiary(ies) is/are deceased. Percentages for primary beneficiaries must add up to 100%. Percentages for contingent beneficiaries must add up to 100%.

SECTION 6: REQUIRED SIGNATURE

Beneficiary information will not be accepted without your signature.

SECTION 7: SPOUSE / REGISTERED DOMESTIC PARTNER

If you have named someone other than your spouse or registered domestic partner as your primary beneficiary of your DROP account, spousal/registered domestic partner signature is required.

In order to complete a Beneficiary Designation change, Retirement Staff is required to speak with you by telephone before implementatation. If you do not receive a phone call within 2 weeks of mailing, please call to confirm receipt.