

# SUPPLEMENTAL BENEFICIARY DESIGNATION FORM



If you wish to designate more than three beneficiaries, please use this page to provide the additional information. Be sure to include all required details for each beneficiary to ensure that your preferences are accurately reflected.

## I. MEMBER INFORMATION

Full Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ PIN: \_\_\_\_\_  
MM-DD-YYYY

## II. ADDITIONAL BENEFICIARY DESIGNATIONS

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

# SUPPLEMENTAL BENEFICIARY DESIGNATION FORM

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Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

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Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

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Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_  
MM-DD-YYYY

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## III. MEMBER DECLARATION

By signing this Supplemental Beneficiary Designation Form, I acknowledge that the beneficiaries listed on this form are to be included as additional beneficiaries to those already designated on my attached Member's Affidavit.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

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Sacramento County Employees' Retirement System (SCERS)  
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