MEMBER'S AFFIDAVIT

SCERS

Select which type of membership you have with SCERS:

☐ Active ☐ Deferred ☐ Retired ☐ Other: _____

I. NAME & SOCIAL SECURITY NUMBER

Check if changing existing information ☐

Print Full Name: _____ SSN: XXX-XX-_____

II. PERSONAL INFORMATION

Check if changing existing information ☐

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____
If different from Mailing Address

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ DOB (MM-DD-YYYY): _____

III. PERSONAL STATUS

Check if changing existing information ☐

☐ Single ☐ Married ☐ Registered Domestic Partnership

☐ Widowed ☐ Divorced ☐ Terminated Domestic Partnership

IV. BENEFICIARY DESIGNATIONS

Check if changing existing information ☐

	Beneficiary 1		Beneficiary 2		Beneficiary 3	
Full 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 SCERS may communicate with my prior retirement system/s to validate my employment records.

Public Retirement System	Dates of Membership	Status	Membership Type
☐ CalPERS		☐ Active ☐ Deferred/Inactive ☐ Retired ☐ Refunded	☐ Miscellaneous ☐ Safety
☐ CalSTRS			
☐ Other			

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 initialing one of the statements 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 terminated my domestic partnership, 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

MEMBER'S AFFIDAVIT

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 the Notary Public

County of _____ on _____ before me, _____

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

(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.

Member Signature	Printed Name	Date

Return the completed form by mail or in person to SCERS, or contact SCERS to request a digital (DocuSign) version. SCERS will not accept this form by fax or email.