

INFORMATION AND INSTRUCTIONS FOR CALPERS BENEFICIARY DESIGNATION FORM

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you do have a valid beneficiary designation on file your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-domestic partner designated beneficiaries will receive the portion of your lump sum benefits which are not payable to your spouse/registered domestic part

INSTRUCTIONS

1. Print clearly with ball point pen or type all information requ



CalPERS
BENEFICIARY DESIGNATION
 PERS-BSD-241 (Revised 12/04)

TO: CalPERS/ Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
Fax:(916) 795-3933
Phone:(888) CalPERS (225-7377)

| | | | |
|-----------------------------------|------------------------|------------|------------------|
| MEMBER'S FULL NAME (PLEASE PRINT) | SOCIAL SECURITY NUMBER | BIRTH DATE | TELEPHONE NUMBER |
|-----------------------------------|------------------------|------------|------------------|

p%rjy 3iq Gw JwL % Ew N % S R i e o / C % W H A 587.34 598.62 02 -02 ref29.34 597.84 02 -22.44 ref281.34 597.84 02 -22.44 ref321.84 597.84 02

| | | | |
|-----------------------------|-------------|------------------------|------------------------|
| | % | RELATIONSHIP TO MEMBER | SOCIAL SECURITY NUMBER |
| ADDRESS (Number and Street) | (City) | (State) | (Zip Code) |
| FIRST NAME | MIDDLE NAME | LAST NAME | % |
| | % | RELATIONSHIP TO MEMBER | SOCIAL SECURITY NUMBER |
| ADDRESS (Number and Street) | (City) | (State) | (Zip Code) |

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRI-7(NURR)1(l(is3(w)-26K.23(R.(RS)2(A)I,M(w)-26ST-10A)1SHIP,



Benefit Services Division
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Sacramento, CA 94229-2711
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TDD - (916) 795-3240; FAX (916) 795-3933

JUSTIFICATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse or domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form.

| MEMBER'S NAME (TYPED OR PRINTED) | SOCIAL SECURITY NUMBER |
|----------------------------------|------------------------|
| APPLICATION SUBMITTED | |

BENEFICIARY DESIGNATION (PERS2636 591.11980S5T)