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DESIGNATION OF BENEFICIARY FOR ACCRUED ALLOWANCE OF SURVIVING SPOUSE OR DOMESTIC PARTNER

I, _____, Social Security # _____,
(Print your name)

hereby designate the following beneficiary(ies) to receive the portion of my last monthly allowance that I earn prior to the date of my death:

Name _____ Date of Birth _____

Relationship _____ Social Security # (optional) _____

Address _____

Name _____ Date of Birth _____

Relationship _____ Social Security # (optional) _____

Address _____

Name _____ Date of Birth _____

Relationship _____ Social Security # (optional) _____

Address _____

Name _____ Date of Birth _____

Relationship _____ Social Security # (optional) _____

Address _____

(Attach additional sheet if necessary)

If the primary beneficiary(ies) named above are deceased, I then designate:

Name _____ Date of Birth _____

Relationship _____ Social Security # (optional) _____

Address _____

(Attach additional sheet if necessary)

Signature _____ Date _____