

DESIGNATION OF BENEFICIARY FUNERAL EXPENSE ALLOWANCE

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

in the event of my death, hereby designate the following primary beneficiary(ies) to receive the funeral expense allowance provided for in Los Angeles Administrative Code Section 4.1062(c):

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

To name additional primary or secondary beneficiaries, initial here _____ and fill out the back of this form.

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

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

Member's Signature _____ Date _____

PLEASE NOTE

Payment of the Funeral Expense Allowance cannot be processed until after LACERS is provided with a certified copy of your death certificate.

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FUNERAL EXPENSE ALLOWANCE
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Additional Primary Beneficiaries (Complete this section only if you want to name more primary beneficiaries than you had room to list on the front of this form. If you complete this section, please sign the bottom of this page.):

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

(Unless you indicate otherwise when you designate your primary beneficiaries, your funeral expense allowance will be paid in equal shares to any primary beneficiaries who survive you.)

Additional Secondary Beneficiaries (Complete this section only if you want to name more secondary beneficiaries than you had room to list on the front of this form. . If you complete this section, please sign the bottom of this page.):

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

Name _____ Date of Birth _____
Relationship _____ Social Security # (optional) _____
Street Address _____ City _____
State _____ Zip Code _____ Phone Number _____

Member's Signature _____ Date _____