

## DESIGNATION OF BENEFICIARY FOR COMMUNITY PROPERTY (FOR NON-MEMBER OR FORMER/SEPARATED SPOUSE) - ALL MEMBERS

**NOTE: Any benefit overpayment that LACERS cannot collect will be deducted from benefits payable to your beneficiary(ies).**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_,  
 (Print your name)  
 am receiving, or entitled to receive, my community property share of the retirement allowance,  
 contributions of \_\_\_\_\_, Social Security Number \_\_\_\_\_  
 (Your Ex-Spouse's Name)  
 and/or the retirement allowance of his/her survivor, if applicable.

*I hereby designate the following primary beneficiary(ies) to receive my community property share in the event of my death including any accrued allowance:*

Name	Date of Birth		
Relationship	Social Security Number (Optional)	Telephone Number	
Street Address (No P.O. Boxes)	City	State	Zip Code

Name	Date of Birth		
Relationship	Social Security Number (Optional)	Telephone Number	
Street Address (No P.O. Boxes)	City	State	Zip Code

*(Unless you indicate otherwise when you designate your primary beneficiary(ies), your community property share will be paid in equal shares to any primary beneficiaries who survive you.)*

*To name additional primary or secondary beneficiaries, initial here \_\_\_\_\_ are fill out the back of this form.*

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

Name	Date of Birth		
Relationship	Social Security Number (Optional)	Telephone Number	
Street Address (No P.O. Boxes)	City	State	Zip Code

Applicant's Signature	Date
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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):**

_____ Name	_____ Date of Birth		
_____ Relationship	_____ Social Security Number (Optional)	_____ Telephone Number	
_____ Street Address (No PO Boxes)	_____ City	_____ State	_____ Zip Code

_____ Name	_____ Date of Birth		
_____ Relationship	_____ Social Security Number (Optional)	_____ Telephone Number	
_____ Street Address (No PO Boxes)	_____ City	_____ State	_____ Zip Code

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):**

_____ Name	_____ Date of Birth		
_____ Relationship	_____ Social Security Number (Optional)	_____ Telephone Number	
_____ Street Address (No PO Boxes)	_____ City	_____ State	_____ Zip Code

_____ Name	_____ Date of Birth		
_____ Relationship	_____ Social Security Number (Optional)	_____ Telephone Number	
_____ Street Address (No PO Boxes)	_____ City	_____ State	_____ Zip Code

_____ Applicant's Signature	_____ Date
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**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.