



DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

13881 DANIELSON STREET - POWAY, CA 92064-6891
(858) 486-9009 FAX (858) 486-8318
www.dsasd.org

BENEFICIARY DESIGNATION

This beneficiary designation revokes all revocable prior beneficiary designations. If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy. Read all instructions carefully (see instruction page) before completing this form.

SECTION 1: MEMBER INFORMATION		<i>Please indicate which coverage this designations includes:</i>			DSA Hartford	CLEA	Cigna
<i>Please check one:</i> ACTIVE RETIRED							
Male Female Birth date	First name	MI	Last name		Social Security #		
	Street address						
	City		State	Zip	Daytime telephone #		

SECTION 2: BENEFICIARY INFORMATION <i>Read all instructions carefully (see instruction page) before completing this section.</i>							
Priority Number 1	Male Female	First name	MI	Last name		Social Security #	
Percent (%)	Birth date	Street address					
	Relationship	City		State	Zip	Telephone #	

Priority Number	Male Female	First name	MI	Last name		Social Security #	
Percent (%)	Birth date	Street address					
	Relationship	City		State	Zip	Telephone #	

Priority Number	Male Female	First name	MI	Last name		Social Security #	
Percent (%)	Birth date	Street address					
	Relationship	City		State	Zip	Telephone #	

Priority Number	Male Female	First name	MI	Last name		Social Security #	
Percent (%)	Birth date	Street address					
	Relationship	City		State	Zip	Telephone number	

SECTION 3: TRUST INFORMATION Complete this section if you are naming a Trust as your beneficiary. See Attached instructions.

Official Name of Trust

SECTION 4: REQUIRED SIGNATURE(S) Beneficiary information will not be accepted without your signature. If you are married, your spouse must sign below as notification of your change of beneficiary designation. This new designation cancels all previous designations.

Member's signature: _____

Date

I acknowledge and consent to this beneficiary designation

Spouse's signature: _____

Date

Member's statement (necessary only if spouse's signature is not included or applicable) I declare under penalty of perjury that a spouse's signature is not included for the following reason: I am not married. My current spouse has no identifiable community property interest in the benefit. My current spouse has been advised of the change of beneficiary designation and has refused to sign the new designation. I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse. My current spouse is incapable of executing the acknowledgement because of incapacitating mental or physical conditions. My current spouse and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of the Family Code, which makes the community property law inapplicable to the marriage.

Member's signature: _____

Date

Return this completed form to the DSA at the address list above.

If you have questions, contact the DSA at 858-486-9009.

You may change your beneficiary directly with CLEA if you choose to

www.clea.org

800-832-7333

BENEFICIARY DESIGNATION INSTRUCTIONS

It is important to keep your beneficiary designation current. In the event of your death, it will simplify the payment process for your beneficiaries. If you are divorced, be certain your beneficiary designation complies with the terms of your marital settlement agreement. Trusts named as beneficiaries may not receive a monthly continuance; however, if the death benefit is applicable, it may be paid to a Trust.

SECTION 1: MEMBER INFORMATION

Active members You must designate a beneficiary to receive benefits in the event of your death while still in active service. Remember to update your designation when family changes occur such as birth, death, marriage or divorce.

SECTION 3: TRUST INFORMATION

Complete this section if you are naming a Trust as your primary beneficiary. Use the language your attorney has given you when naming the Trust and include the tax identification number, if applicable.

SECTION 2: BENEFICIARY INFORMATION

Each person you name must have a Priority number and percent assigned. The priority number indicates the order in which beneficiaries are eligible to receive benefits. If beneficiaries share benefits, assign each the same priority number and indicate the percentage each is to receive. The percents of all beneficiaries with the same priority number must add to 100%. If you are married, your spouse may have superior rights over any other person you name as a beneficiary. Remember, some beneficiaries may not be eligible to receive certain monthly continuances or benefits. If your beneficiaries are not living at the time of your death, or if you do not have a DSA beneficiary designation at the time of your death, eligible benefits will be paid to your estate. The following examples may also help you complete this section:

SECTION 5: REQUIRED SIGNATURE(S)

California Government Code section 31760.3 requires that notice be given to your current spouse (if you are married) whenever you designate a beneficiary. This section of the law also requires a spouse's signature on a beneficiary designation, unless you declare in writing under penalty of perjury the reason why a spouse's signature is not included. Therefore, you must sign in this section and if you are married, your spouse must also sign in this section. If you are not married (or if a spouse's signature is not included) you must check the applicable box and sign under the member's statement in this section.

An example if married with three children:

Priority Number		Percent
1	Spouse	100%
2	Son	34%
2	Daughter	33% }100%
2	Son	33%

An example is unmarried with three children:

Priority Number		Percent
1	Son	34%
1	Son	33% }100%
1	Daughter	33%

An example is unmarried without children:

Priority Number		Percent
1	Sibling	100%
2	charity	100%