

Title

BENEFICIARY DESIGNATION ACTIVE MEMBERS

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Member Name:					
Last 4 Digits of Social Se	curity Number:		Employee ID: _		
E-Mail Address:				 	
Select Plan:					
	Employees' Retirem Department Retirem				
Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Secondary
primary beneficiaries are specific to the selected re that plan. If you are a mer same beneficiaries for both you must submit separate b	etirement plan and onber of both FCERS on plans. If you would	supersedes S and PFDR d like to des	all previous ben P, select both pla	eficiary des	signations for designate the
Deferred Compensation And Members with funds in elementiciaries online through Voya at 1-800-584-6001.	ither the 457 Volun				
Member's Signature:			Date	:	
Spouse/Domestic					
Partner's Signature:			Date	:	
Witness Signature:			Date	:	

Submit completed and signed forms in one of the following ways:

- MemberDirect: www.sjretirement.com (select Member Portal Login)
- Email: <u>retirement.dept@sanjoseca.gov</u> (please encrypt your email for security)
- Mail or Drop-Off: 1737 N. First Street, Suite 600, San José, CA 95112-4505, M-F 8:00-5:00
- Fax: (408) 392-6732