

# Retiree Beneficiary Designation Form



Retiree Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Primary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security No.	Date of Birth	Relationship	Share %
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Special Designation (Use this section only when naming and entity such as a church or trust, otherwise leave blank.)

**The total of all designations must equal 100%** **100%**

## Secondary Beneficiary(ies)

If all your primary beneficiaries are no longer living, payment will be made to your secondary beneficiaries.

First Name	Last Name	Social Security No.	Date of Birth	Relationship	Share %
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Special Designation (Use this section only when naming and entity such as a church or trust, otherwise leave blank.)

**The total of all designations must equal 100%** **100%**

## Retiree Authorization

I authorize this beneficiary designation by signing this form. This designation of beneficiary(ies) replaces any previous designation(s) I have made. If no beneficiary survives me, settlement will be made to my estate.

\_\_\_\_\_  
Retiree's Signature

\_\_\_\_\_  
Date

## Spousal Waiver

By signing this form, I agree with my spouse's designation. Furthermore, if I live in California, or any other community property state, and if my spouse has designated a beneficiary other than myself, I waive my right to any community property interest in these benefits.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

*Your signature must be witnessed by someone other than a designated or potential beneficiary.*

**Return:**  
**Caltech Retiree Service Center**  
**P. O. Box 14464**  
**Des Moines, IA 50306-3464**