



# MEMBER SWORN STATEMENT

(Government Code Section 31526)  
Please TYPE or PRINT CLEARLY

## 1. MEMBER INFORMATION

Last Name		First Name		M.I.	Social Security No.
Home/Mailing Address			Phone Number	Email Address	
City		State	Zip Code	Birth Date	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated			

## 2. BENEFICIARY DESIGNATION

Please indicate the name of the individual(s) you wish to name as your primary and contingent beneficiary(ies). For complete instructions on designating beneficiaries, please reference page 3.

### Primary Beneficiary(ies)

Beneficiary Type <input type="checkbox"/> Primary	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number	Alternate Phone or Email	
Mailing Address		City	State	Zip Code

**Percentages must total 100% and must be whole numbers (for example, 33%, not 33.33%, not 1/3).**

### Contingent Beneficiary(ies)

Beneficiary Type <input type="checkbox"/> Primary	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number	Alternate Phone or Email	
Mailing Address		City	State	Zip Code

**Percentages must total 100% and must be whole numbers (for example, 33%, not 33.33%, not 1/3).**

Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number	Alternate Phone or Email	
Mailing Address		City	State	Zip Code

Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Relationship	Date of Birth	Social Security No.
Last Name, First, M.I.		Phone Number	Alternate Phone or Email	
Mailing Address		City	State	Zip Code

## 3. RECIPROCAL SERVICE (OPTIONAL)

If you are a deferred member of another California Public Retirement System, you may be eligible for reciprocity, if you have terminated employment within the last 180 days. Additionally, you may be eligible for **participation in a VCERA retirement plan in effect on December 31, 2012, if your reciprocal system entry date was on or prior to this date.** By signing the certification below, you authorize the Ventura County Auditor-Controller to make adjustments through payroll to correct any overpayments or underpayments in employee retirement contributions once reciprocity is verified.

If it is determined that I am eligible, I elect to establish reciprocity with the following agency:

Name of Previous Public Retirement System	Membership Date	Termination Date
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If you have questions regarding reciprocity, please contact VCERA at (805) 339-4250.

## 4. MEMBER CERTIFICATION

I hereby affirm that the statements I have made on this Member Sworn Statement are true and correct to the best of my knowledge and belief.

Member's Signature

Date

Spouse's/Domestic Partner Signature

Date

Note: A spouse's signature is required if you are married. If you are not married/in a domestic partnership, please indicate "Not Applicable" or "N/A" in the space above for Spouse's/Domestic Partner signature. If you are married/in a registered domestic partnership and your spouse/domestic partner is unable to sign above, you must provide a reason on page 2

Completed  
by  
Hiring  
Department

Department/District	Job Classification Title	Employee Number	
Hire Date	Employee Class: <input type="checkbox"/> Regular <input type="checkbox"/> Per Diem Pool <input type="checkbox"/> OCS <input type="checkbox"/> Elected Official		
Department Head or Representative Signature	Date	Personnel/Payroll Representative (Print Name)	Phone Number



## INSTRUCTIONS FOR DECLARATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

If you are married/in a registered domestic partnership and your spouse/domestic partner is unable to sign the Member Sworn Statement, you must provide a reason on this form. If your spouse has already signed the Member Sworn statement you can disregard this page.

### Declaration for Absence of Spouse or Registered Domestic Partner's Signature

1. I am not legally married or in a registered domestic partnership because:
  - ☐ I have never been married or registered with the Secretary of State under a domestic partnership.
  - ☐ I am divorced / annulled or my registered domestic partnership terminated on \_\_\_\_\_.  
Date (MM/DD/YYYY)
  - ☐ My spouse or registered domestic partner passed away on \_\_\_\_\_.  
Date (MM/DD/YYYY)
2. I am married or have a registered domestic partner, however my spouse or domestic partner did not sign this form because:
  - ☐ My current spouse or domestic partner has no identifiable community property interest in any VCERA benefits earned through my employment.
  - ☐ I do not know the whereabouts of my current spouse or domestic partner and I have taken all reasonable steps to determine his or her whereabouts.
  - ☐ My current spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement.
  - ☐ My current spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition.
  - ☐ My current spouse or domestic partner and I have executed a marriage or domestic partnership settlement agreement that makes the community property law inapplicable to the marriage or partnership.

Please provide the name of your spouse or domestic partner, if applicable. \_\_\_\_\_  
Name of spouse or domestic partner

## INSTRUCTIONS FOR BENEFICIARY DESIGNATION

1. You may name one person or any number of persons as your primary or contingent beneficiary. Alternatively, you may name a Trust, your Estate, or a charitable organization. If naming a Trust as a beneficiary, a Trust Addendum must be submitted with this statement. The Trust Named as Beneficiary (Addendum) form is available at <https://www.vcera.org/common-forms-1> or by calling VCERA at (805) 339-4250.
  - a. **Primary Beneficiary:** the person(s) who would receive a benefit from VCERA upon your death.
  - b. **Contingent Beneficiary:** the person(s) who would receive a benefit from VCERA if you have no living primary beneficiaries at the time of your death.
  - c. If you name more than one person in either category, please indicate what percentage of the benefit each individual is to receive. Percentages for each category must total 100% and must be whole numbers. For example, 33% (not 33.33% or 1/3). If you do not indicate a percentage, the benefit will be evenly divided.
  - d. You have been given room on this form to name up to two persons in each category. Use a separate sheet of paper for more names, if necessary. Be sure to indicate whether these persons are primary or contingent beneficiaries, the percentage of the benefit you wish them to receive, sign your name, and date the piece of paper before attaching it to your form.
2. Your designation will be valid until the date you file a Beneficiary Change Form with VCERA.

### NOTICE TO PROSPECTIVE EMPLOYEES OF VENTURA COUNTY & VENTURA REGIONAL SANITATION DISTRICT

**This notice affects your employment rights. Please carefully read the entire notice.**

If you accept employment with Ventura County or the Ventura Regional Sanitation District, you may have certain retirement rights or benefits under the Ventura County Employees' Retirement Association (hereafter VCERA). Notwithstanding any other provisions of law, if you first become a member of VCERA on or after January 1, 1990, the following limitations will apply to you: (1) the retirement rights conferred upon you under VCERA shall be subject to the limitations on benefits contained in Section 415 of the Internal Revenue Code of 1986 (hereafter "the Code"), as amended and in effect from time to time, (2) you shall not have any retirement rights or benefits under VCERA that exceed the limitations contained in Section 415 of the Code, and (3) no retirement rights or benefits under VCERA shall accrue to or vest in you that exceed the limitations contained in Section 415 of the Code.

Section 415 of the Code limits the amount of benefits that you may receive or accrue under a qualified retirement plan. Under Section 415, you generally may not receive annual pension benefits that exceed the lesser of \$165,000 (effective 01/01/2004) or 100% of your average compensation. If you begin receiving your benefits before you complete 10 years of participation in VCERA, the dollar limitation and percentage limitation applicable to your benefits will be proportionately reduced.

If you begin receiving your benefits before you attain Social Security retirement age (currently starts at age 65 and is tiered by birth date), the dollar limitation applicable to your benefits may be actuarially reduced to reflect the early commencement of benefits.

Section 415 contains special rules for determining the limitations applicable to benefits that are adjusted to reflect changes in the cost of living and that are payable in forms other than lifetime pensions. Finally, Section 415 contains special rules for determining the limitation applicable to your benefits if you participate in more than one qualified retirement plan.

Since it is a qualified plan, VCERA is required to impose the limitations contained in Section 415 of the Code. These limitations may operate to reduce or restrict the rights and benefits otherwise payable to you by VCERA.