



ventura County Employees' Retirement Association

1190 South Victoria Avenue, Suite 200
Ventura, CA 93003-6572
Phone: 805.339.4250
Fax: 805.339.4269
www.ventura.org/vcera

APPLICATION FOR RETIREMENT

(Please type or print)

1. MEMBER INFORMATION

Name (Last, First, MI)		Social Security Number		Employee ID Number	
Address, City, State, Zip					
Effective Date of Retirement	Phone Number	Birth Date	Department/Agency		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse's Name		Date of Marriage	Spouse's Birth Date	

2. TYPE OF RETIREMENT

- | | |
|---|--|
| <input type="checkbox"/> Regular Service Retirement | <input type="checkbox"/> Service Connected Disability Retirement
<input type="checkbox"/> Non-Service Connected Disability Retirement |
|---|--|

3. BENEFIT PAYMENT OPTION

I elect the following retirement benefit payment option: (check ONE)

- | | |
|---|---|
| <input type="checkbox"/> UNMODIFIED OPTION: | A monthly benefit payable for life. A continuance of 60% (100% if retired for service connected disability) payable upon your death to an eligible surviving spouse or minor child(ren). |
| <input type="checkbox"/> OPTION #1: | A reduced monthly benefit payable for life. An eligible surviving beneficiary would receive a lump sum payment equal to your total accumulated contributions, less the sum of annuity payments made prior to the date of death. |
| <input type="checkbox"/> OPTION #2: | A reduced monthly benefit payable for life. Upon your death, an eligible surviving beneficiary would receive a continuance of 100% payable for life. |
| <input type="checkbox"/> OPTION #3: | A reduced monthly benefit payable for life. Upon your death, an eligible surviving beneficiary would receive a continuance of 50% payable for life. |
| <input type="checkbox"/> OPTION #4: | Any type of benefit payment structure approved by the Board of Retirement to provide a continuance to an eligible beneficiary that does not result in an additional actuarially determined liability to the Retirement system. |
- | | |
|---|--|
| <input type="checkbox"/> LEVEL INCOME OPTION: | Election of an increased retirement allowance to age 62, thereafter to be significantly reduced for life by an actuarially determined amount. (You must also choose one of the 5 retirement options above) |
|---|--|

The above descriptions of benefit options are very general in nature and not intended to be all-inclusive. For additional information, please refer to the VCERA Member Handbook. Do not make a benefit payment election until you are satisfied that you fully understand each of the above options.

4. ELECTION OF HIGHEST CONSECUTIVE MEASUREMENT PERIOD

☐ I hereby authorize VCERA to identify the highest continuous measurement period pursuant to Government Code section 31462 or 31462.1 for determining the total compensation earnable in the final calculation of my monthly retirement benefits.

5. MEMBER AUTHORIZATION

I wish to receive my monthly retirement benefit from the Ventura County Employees' Retirement Association in the payment form elected under Section 3 of this application. I understand that I may make changes to the elections made in this application, including the effective date of retirement and retirement options, at any time prior to my receipt of a monthly retirement benefit. I understand that once I begin receiving a monthly retirement benefit, my election of the retirement option is binding and may not be changed.

I understand that it is my responsibility to notify my agency Human Resource department to inform them of my retirement, and further understand that my retirement will not be processed until my separation paperwork is entered and processed in the Ventura County Human Resource Payroll (VCHRP) system. If I choose to become reinstated to active service with the County of Ventura in the future, I understand it must be six months (180 days) after my retirement for general members, and that I must first petition the Board of Retirement **before** the hiring process occurs. I will contact VCERA if I need assistance with this process. I also understand that if I return to active service with the County of Ventura that my retirement benefit will cease the day prior to my rehire date.

I have been provided estimates of the retirement benefit which would be payable to me under the Unmodified Option and Option #1, and if applicable, Options #2 and #3, as well as information regarding payment of benefits to my survivors. I have also read and understand the Retirement Application Information sheet that was included in the retirement packet.

Member Signature

Date

Spouse's Signature

Date



1190 South Victoria Avenue, Suite 200, Ventura, CA 93003

Phone: (805) 339-4250 • Fax: (805) 339-4269

<http://www.ventura.org/vcera>

BENEFICIARY DESIGNATION FORM

Member Information

Last Name		First Name		M.I.	Social Security No.
Home/Mailing Address					Phone Number
City		State	Zip Code		Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email			Member Status <input type="checkbox"/> Active <input type="checkbox"/> Deferred <input type="checkbox"/> Retired <input type="checkbox"/> Survivor <input type="checkbox"/> DRO Non-Member <input type="checkbox"/> DRO Alternate Payee	

Percentages must total 100% for each Beneficiary Type (Primary or Contingent) and must be whole numbers (for example, 33%, not 33.33%, not 1/3).

Beneficiary Information

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

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

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

For additional beneficiaries, please attach a separate signed and dated sheet.

Beneficiary information is not valid without the member's signature. If you are not married/in a domestic partnership, please indicate "Not Applicable" or "N/A" in the block for Spouse/Domestic Partner signature. If you are married/in a registered domestic partnership and your spouse/domestic partner is unable to sign below, you must provide a reason on the reverse side of this form. This form replaces all prior VCERA beneficiary designations.

Required Signatures

Member Signature	Date
Spouse / Domestic Partner Signature	Date

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

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Type or print all sections of the form using blue or black ink. If you make an error, cross out and initial your change.

- You may name a person, Trust, Estate, or organization as a beneficiary.
- A **Primary Beneficiary** will receive a benefit from VCERA upon your death. If a primary beneficiary predeceases you, his or her portion of the benefit will be divided among your remaining primary beneficiaries.
- A **Contingent Beneficiary** will receive a benefit from VCERA if you have no living Primary Beneficiaries at the time of your death. If all beneficiaries predecease you, any benefits due will be paid to your Estate.
- If you name more than one beneficiary in either category (Primary or Contingent), you must indicate what percentage of the benefit you want each beneficiary to receive. Percentages must total 100% for each Beneficiary Type (Primary or Contingent) and must be whole numbers (for example, 33%, not 33.33%, not 1/3).
- If naming a Trust as a beneficiary, a Trust Addendum must be attached to this Beneficiary Form. The Trust Addendum is available at <http://www.ventura.org/vcera> or by calling VCERA at (805) 339-4250.

Example:

Beneficiary Type ■ Primary	Percentage 100%	Relationship Spouse
Beneficiary Type □ Primary ■ Contingent	Percentage 34%	Relationship Son
Beneficiary Type □ Primary ■ Contingent	Percentage 33%	Relationship Daughter
Beneficiary Type □ Primary ■ Contingent	Percentage 33%	Relationship Son

Laws Governing the Designation of Your Beneficiary(ies)

- The rights and claims of your eligible surviving spouse, registered domestic partner, or minor child(ren) to receive a retirement benefit may be superior to and supersede the rights and claims of any other named beneficiary. Under certain circumstances, minor children may have superseding rights to registered domestic partners.
- If you are retired and have a spouse or registered domestic partner, please submit proof of State registration of marriage/domestic partnership and a copy of your spouse/partner's birth certificate as this information will be required prior to processing death benefits.
- Upon dissolution or termination of a marriage or domestic partnership, any Beneficiary Designations made prior to the dissolution or termination are automatically revoked. As a result, you will need to complete a new Beneficiary Designation Form. If a new Beneficiary Form is not completed, any death benefits due will be paid to your Estate.

Summary of Death Benefit Eligibility and Options

- For **Retired Members**, there is a one-time death benefit of \$5,000.00, which may be reduced for retirees with outbound reciprocity. If the Unmodified Retirement Option was elected, an eligible spouse, registered domestic partner or minor child(ren) may be eligible for a monthly retirement benefit. If Retirement Option 2, 3, or 4 was elected, a monthly retirement benefit is payable only to the beneficiary(ies) named at the time of retirement.
- For **Deferred Members**, there is a one-time death benefit equal to the contributions and interest in the member's VCERA account. Additional options may be available for deferred members with outbound reciprocity.
- For **Active Members**, benefits payable will depend on years of retirement service, whether the death was nonservice-connected or service-connected, and whether there is an eligible spouse, registered domestic partner, or minor children.
- It is important to keep your beneficiary designation(s) current. In the event of your death, it will simplify the payment process for your beneficiaries. Update your beneficiary information in response to such events as birth, death, marriage, divorce, domestic partnership registration or termination and beneficiary's change of address.

Additional death benefits and eligibility criteria may apply. For additional information, please see the VCERA Member Handbook at <http://www.ventura.org/vcera> or contact VCERA at (805) 339-4250.

INSTRUCTIONS FOR COMPLETING DIRECT DEPOSIT REQUEST

Direct deposit is a quick and efficient way for you to receive your monthly retirement benefit. The money will be deposited directly to your account and you will receive the detail of the payment each month by mail. We strongly recommend that you choose direct deposit. Every month checks are lost in the mail or returned as undeliverable, direct deposit assures that you receive your benefit without delay.

Complete the Authorization Agreement for Automatic Deposits (ACH Credits) on page 2 to have your monthly retirement benefit deposited directly to your bank or credit union, to change your current direct deposit, to decline direct deposit, or to stop your current retirement benefit direct deposit. Please return the completed and signed form to VCERA at the address above, along with a voided check for deposits to a checking account or a deposit slip for deposits to savings account.

The process necessary to establish a direct deposit normally takes several weeks. As a result, you will receive retirement payments at your mailing address on record for a brief period of time after you have submitted your direct deposit request form.

You should check with your financial institution to make sure they are able to receive an electronic funds transfer. Not every financial institution is a member of the Automatic Clearing House (ACH). Ask your bank representative to assist you in completing the required information needed for them to accept an electronic funds transfer, especially the ABA Routing Number.

If you want to have your entire net check deposited to one financial institution, write "full" or "100%" on the amount line.

If the amount direct deposited is less than the "net" payment, a check for the balance due will be sent to your home address.

If you want to have your check deposited to more than one financial institution, list the dollar amount for the first bank on the amount line and write "balance" on the amount line for the second bank. You are limited to having direct deposit to two different financial institutions. Please note that altering a deposit to one account or bank may cause all of your direct deposits to enter the pre-note process. During this process you will receive retirement payments at your home address.

It is very important that you update VCERA with any changes to your address or financial institution. Incorrect information can result in your direct deposit being returned or stopped.

If you have any questions regarding direct deposits, please contact VCERA at (805) 339-4250 and request to speak with a Retirement Specialist.

VCERA
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

(Please read page 1 before completing this form)

1. MEMBER INFORMATION (please print)

Name (Last, First, MI)	Social Security Number
Address, City, State, Zip <input type="checkbox"/> New Address	Telephone Number
<p><input type="checkbox"/> Start: I hereby authorize the Ventura County Employees' Retirement Association (VCERA) to deposit to the financial institution(s) listed below my monthly retirement benefit with the balance, if any, mailed to my address on record with VCERA. This authority will remain in effect until VCERA receives written notification from me of its termination and in such a manner as to provide VCERA and Depository a reasonable opportunity to act on it. Important: Your initial benefit check will be sent to your home address.</p> <p><input type="checkbox"/> Decline: I do not want direct deposit and choose to receive my checks by mail.</p> <p><input type="checkbox"/> Change: I authorize you to change my direct deposit to the account(s) at the financial institution listed below. Important: During the process your benefit check will be sent to your home address.</p> <p><input type="checkbox"/> Stop: I authorize you to stop the direct deposit of my net paycheck. <input type="checkbox"/> Stop <u>all</u> direct deposits <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Stop only deposits to this account number _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;">_____ Member Signature</div><div style="width: 45%; text-align: center;">_____ Date</div></div>	

Note: We will require a voided check for deposits to a checking account or a deposit slip for deposits to a savings account.
***We will also accept a letter from the financial institution in lieu of a voided check or deposit slip.**

2. (a) FINANCIAL INSTITUTION

Name		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings (attach voided check) (attach deposit slip)
Address, City, State, Zip		Telephone Number
ABA Routing Number *	Account Number *	Amount: <input type="checkbox"/> 100% <input type="checkbox"/> Net Balance or \$ _____

2. (b) FINANCIAL INSTITUTION

Name		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings (attach voided check) (attach deposit slip)
Address, City, State, Zip		Telephone Number
ABA Routing Number *	Account Number *	Amount: <input type="checkbox"/> 100% <input type="checkbox"/> Net Balance or \$ _____

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE



ventura County Employees' Retirement Association

1190 South Victoria Avenue, Suite 200
Ventura, CA 93003-6572
Phone: 805.339.4250
Fax: 805.339.4269
www.ventura.org/vcera

INSTRUCTIONS REGARDING FEDERAL AND STATE INCOME TAX WITHHOLDING ON RETIREMENT INCOME

You may elect to have Federal and/or California taxes withheld from your retirement allowance at whatever rate you choose. You may elect one of three options: 1) NOT to have withholding deducted from your retirement allowance, 2) an amount based on the federal and state tax tables, or 3) a specific whole dollar amount or percentage.

To make an election, complete page 2 of this form and return it to the Ventura County Employees' Retirement Association (VCERA). The top half of the form is for making an election for Federal withholding and the bottom portion of the form is for State of California. **VCERA retirees residing outside the State of California are not required to pay California State tax on their pension.**

If you do not file this election form with your application to retire, Federal and California State tax will be withheld from your retirement allowance beginning with your first retirement check, based on the filing status of married with three exemptions.

Withholding will be based on your gross retirement allowance even if all or a portion of your retirement allowance is excludable from gross income under Federal or State tax law. A major portion of your retirement income may be excludable from gross income if you receive a service-connected disability retirement, so use extra caution not to over withhold.

If you decide to have Federal or State income tax withheld from your retirement allowance, it is your responsibility to make sure that your net allowance, after other deductions, is large enough to cover the amount you want withheld. If it is not, one or more of your payroll deductions could be automatically discontinued.

Remember that any tax withheld by VCERA cannot be refunded to you by VCERA. Your election to have tax withheld will remain in effect until you revoke it. You may revoke your election or change the amount withheld at any time by completing a new VCERA withholding form, available on the VCERA website.

If you elect not to withhold Federal or State income tax from your retirement allowance or if you do not withhold enough tax, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

VCERA staff cannot provide you with specific information on Federal or State tax withholding. Please contact your accountant or tax attorney, the State Franchise Tax Board, or the Internal Revenue Service for information on your individual tax situation.

VCERA

FEDERAL AND CALIFORNIA STATE TAX WITHHOLDING REQUEST FOR PENSION OR ANNUITY PAYMENTS

(Please read page 1 before completing this form)

Name _____
Address _____
SSN _____ Phone # _____

- ☐ Member
☐ Survivor
☐ Non-Member

FEDERAL WITHHOLDING REQUEST

Select ONLY ONE of the following three choices:

- ☐ 1. I elect NOT to have federal income tax withheld from my monthly retirement allowance.
- ☐ 2. a. I want my federal withholding from my monthly retirement allowance to be figured using the number of allowances and marital status shown below:
of Allowances: _____
☐ Single ☐ Married ☐ Married, withhold at higher single rate
b. I want the following amount withheld in addition to the amount computed under 2(a) ... \$ _____
- ☐ 3. I want this designated amount or percentage withheld for federal income tax from each monthly retirement allowance payment \$ _____.00 or _____.00%
Whole dollars and percentages only

CALIFORNIA STATE WITHHOLDING REQUEST

Select ONLY ONE of the following three choices:

- ☐ 1. I elect NOT to have state income tax withheld from my monthly retirement allowance.
- ☐ 2. a. I want my state withholding from my monthly retirement allowance to be figured using the number of allowances and marital status shown below:
of Allowances: _____
☐ Single ☐ Married ☐ Married, withhold at higher single rate
b. I want the following amount withheld in addition to the amount computed under 2(a) ... \$ _____
(maximum of \$999)
- ☐ 3. I want this designated amount or percentage withheld for California state income tax from each monthly retirement allowance payment \$ _____.00 or _____.00%
Whole dollars and percentages only (maximum of \$999)

Signature _____ Date _____

THIS WITHHOLDING FORM REPLACES ANY PRIOR ELECTION FILED WITH VCERA



entura County Employees' Retirement Association

1190 South Victoria Avenue, Suite 200
Ventura, CA 93003-6572
Phone: 805.339.4250
Fax: 805.339.4269
www.ventura.org/vcera

SEIU TIER 2 COLA CONTRIBUTION DISTRIBUTION

The Board of Retirement adopted Regulations that govern the Two Percent (2.0%) Cost-of-Living Adjustment (COLA) benefit you are entitled to receive on eligible Tier 2 SEIU service. These regulations contain a provision that permits the election of a refund at retirement of all or a portion of the accumulated contributions you made to fund this benefit in lieu of receiving an annual COLA. Accumulated contributions means the post-tax contributions you made to fund the Tier 2 COLA, plus pre-tax interest credited to those contributions. If you elect to withdraw 100% of the contributions you have made to fund the Tier 2 COLA, you will not receive any increase in your monthly retirement benefit. If you withdraw a portion of the accumulated contributions, the period of service that will be eligible for a COLA after you retire will be reduced accordingly. For example, if you have made contributions for two years of Tier 2 COLA covered service and withdraw one-half of your contributions, you will receive a COLA on the remaining one year of covered service.

You will receive an annual COLA adjustment on all eligible SEIU Tier 2 COLA service rendered during the period March 16, 2003 through March 12, 2005, regardless of whether or not you elect to receive a refund of your accumulated COLA contributions.

- ☐ I elect NOT to receive a refund of my Tier 2 COLA contributions **OR**
- ☐ I elect to withdraw _____% of my Tier 2 COLA contributions.
Accrued taxable interest of \$200 or more will have 20% Federal withheld.
Do you also want 6% California State tax withheld? _____Yes or _____No

Name (Please Print) _____

Address _____

Social Security Number _____ Employee ID _____

Member Signature _____ Date _____

Spouse Signature _____ Date _____