



San Bernardino County Employees' Retirement Association

Limited Affidavit for Final Benefits

P: 909.497.3542 | E: memberservices@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408
Fax | 909.884.1904
Online | SBCERA.org/mySBCERA

Section 1 Information About Deceased Member

| | | |
|----------------------|-----------------------------|-----------------------|
| Last Name | First Name | Middle Initial |
| Date of Death | SBCERA Member ID No. | |

Section 2 The Claimant (You)

| | | |
|---------------------------------|-------------------|-----------------------|
| Last Name | First Name | Middle Initial |
| Relationship to Deceased | | |
| Mailing Address | | |
| City | State | Zip Code |

Section 3 The Benefit Description: SBCERA has calculated the final benefits payable to the estate as follows:

| Benefits Details | Total Benefits Value (\$) | Your Share (%) |
|-------------------------|---------------------------|----------------|
| Final Warrant(s) | | |
| Burial Allowance | | |
| Refund of Contributions | | |
| Total | | |

Section 4 Member Certification

This form will be rejected if this section is not complete.

Legal Certification: By signing below, I certify, under penalty of perjury under the laws of the State of California, that: (1) the information provided in Sections 1 and 2 are true and correct; (2) no one else has a higher right to this benefit than I do; (3) I am entitled to receive **my share** of the total payout listed above in Section 3, and request that payment be made to me; and (4) there are no probate proceedings presently pending before any court of competent jurisdiction concerning the Decedent.

Release of Liability and Indemnification (*Please Read Carefully*): By signing below, I agree to release SBCERA and any of its employees or agents from liability, and to indemnify and hold them harmless. This means that if a court, executor, or other legal heir later establishes a superior claim to these funds, I promise to immediately return the full amount to SBCERA.

ACKNOWLEDGEMENT: I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS RELEASE OF LIABILITY AND INDEMNIFICATION ABOVE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT ON MY OWN ACCORD AND NOT UNDER ANY THREAT OF DURESS, WITHOUT INDUCEMENT, OR HARASSMENT. I AGREE TO BE BOUND BY ITS TERMS.



X _____
Signature
(Sign only in the presence of a Notary Public)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____,
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)