



OSCAR PETERS
RETIREMENT ADMINISTRATOR

Contact Designation Form

Print Your Name

Social Security Number

I am a beneficiary of : _____ deceased
member of the Santa Barbara County Employees' Retirement System

In the event I cannot be contacted by usual means and/or upon my demise Santa Barbara County Employees' Retirement System may contact:

Name: _____ Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Telephone number: () _____

-or-

Name: _____ Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Telephone number: () _____

I have notified named person(s) to contact you regarding my benefits and medical insurance (if applicable).

I recognize and acknowledge that after my death, there is no further continuance or benefit to survivors.

_____ Date

_____ Signature