



## DESIGNATION OF BENEFICIARY FUNERAL EXPENSE ALLOWANCE – TIER 1

**PLEASE NOTE:** Payment of the Funeral Expense Allowance to your beneficiary(ies) cannot be processed until after LACERS is provided with a certified copy of your death certificate. Any benefit overpayment that LACERS cannot collect may be deducted from benefits payable to your beneficiary(ies).

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_,  
(Print your name)

in the event of my death, hereby designate the following primary beneficiary(ies) to receive the funeral expense allowance provided for in the Los Angeles Administrative Code, Chapter 10 Division 4:

Name	Date of Birth
Relationship	Social Security Number (Optional)
Street Address (No P.O. Boxes)	Telephone Number
City	State
	Zip Code

Name	Date of Birth
Relationship	Social Security Number (Optional)
Street Address (No P.O. Boxes)	Telephone Number
City	State
	Zip Code

Name	Date of Birth
Relationship	Social Security Number (Optional)
Street Address (No P.O. Boxes)	Telephone Number
City	State
	Zip Code

***By signing this form, I acknowledge that any benefit overpayment that LACERS cannot collect may be deducted from benefits payable to my beneficiaries.***

Member's Signature	Date
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**Secondary Beneficiaries:**

Name		Date of Birth	
Relationship	Social Security Number (Optional)		Telephone Number
Street Address	City	State	Zip

Name		Date of Birth	
Relationship	Social Security Number (Optional)		Telephone Number
Street Address	City	State	Zip

Name		Date of Birth	
Relationship	Social Security Number (Optional)		Telephone Number
Street Address	City	State	Zip

Name		Date of Birth	
Relationship	Social Security Number (Optional)		Telephone Number
Street Address	City	State	Zip

Member's Signature	Date
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**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.