

SDCERS Payee Deduction Authorization Form

As a retiree (or retiree spouse/beneficiary) of the City of San Diego, I am receiving a retirement allowance from the San Diego City Employees' Retirement System (SDCERS). By signing this form, I authorize SDCERS to deduct the amount designated below from my monthly retirement benefit, and pay that amount to the San Diego Municipal Employees Association (SDMEA) which administers benefits as the San Diego Public Employee Benefit Association (SDPEBA). My deductions will show as SDPEBA on my pension check. I acknowledge and agree to the following:

- Deductions will be made on a "post-tax" or after-tax basis.
- SDCERS makes no representation regarding the tax liability or consequences of making these deductions from your monthly retirement benefit and has given you no tax advice concerning these deductions.
- SDCERS is not responsible for the purpose of deductions or how the monies are used by the payee entity.
- Your decision to allow this deduction is voluntary.
- Retiree agrees that SDCERS, its trustees, agents, officers, employees, directors and assigns will not, under any circumstances, be liable for indirect, consequential, special or punitive damages arising out of any acts taken by SDCERS relating in any manner to this authorization. Retiree acknowledges that all assets SDCERS holds are held in trust for the benefit of its Members, Beneficiaries and Participants, and retiree waives the right to collect damages of any amount or nature from SDCERS, regardless of any negligence that could be imputed to SDCERS' because of the acts committed by employees or acts committed by subcontractors retained by SDCERS within the scope of services provided under this authorization.
- This authorization is valid until you revoke it. You may stop the deduction at any time by contacting SDPEBA/MEA or SDCERS. SDPEBA/MEA will notify SDCERS via the monthly deduction report, and the deduction will end on the next cycle.

You represent that you have read this form, accept the statements listed, and authorize SDCERS to make the monthly deduction.

Print name: _____ Signature: _____

SSN (last four digits): _____ Date: _____

Monthly deduction amount: _____