CCPOA Benefit Trust Fund

Change of Beneficiary Request

Member Name			Social Security Number (Last 4)			
Address	City		State/Zip			
Institution			Home or Cell Phone			
Primary Beneficiary Name(s):		e beneficiar	y is listed th	ne total percentag		
Name - First Middle Last Home or Cell Phone		Birthdate:		Social Security Number (Last 4)		
				Relationship to member		
Address (Number and Street)		City		State	Zip Code	
Name - First Middle	Last	Birthdate:	%	Social Security Number (L	ast 4)	
Home or Cell Phone	hone		I	Relationship to member		
Address (Number and Street)	er and Street)			State	Zip Code	
Name - First Middle	Last	Birthdate:	%	Social Security Number (L	net A)	
Nulle - I II SI Wildlie	Lusi	Billiddle.	/6	Social Security Number (L		
Home or Cell Phone	r Cell Phone			Relationship to member		
Address (Number and Street)		City		State	Zip Code	
Contingent Beneficiary Name(s):	If more than one be	eneficiary i	s listed the	total percentage r	nust equal 100%.	
Name - First Middle	Last	Birthdate:	%	Social Security Number (L	ast 4)	
Horne or Cell Phone			ļ	Relationship to member		
Address (Number and Street)	(Number and Street)			State Zip Code		
		City				
Name - First Middle	Last	Birthdate:	%	Social Security Number (L	ast 4)	
Home or Cell Phone			l	Relationship to member		
Address (Number and Street)		City		State	Zip Code	
Dlogo	e check all boxes th	nie chango	annlies to:			
ACTIVE MEMBERS	T	RETIRED ME				
☐ Active Base Life		☐ Retired Base Life				
☐ Supplemental Term Life		☐ Retired Term Life				
□ AD&D		☐ Retired AD&D				
☐ Accidental Death \$5,000]	☐ Senior Term Life				
•						
Signature		Date				
Mail to: CCPOA Benefit Trust Fund						
2515 Venture Oaks Way, Suite 2	200 • Sacramento, CA	95833-4235	j			
Phone: 800.468.6486 • 916.779.		16.779.6355				

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POSTAGE WILL BE PAID BY ADDRESSEE

CCPOA Benefit Trust Fund May Stiff Venture Oaks Way Suite 200

2515 Venture Oaks Way, Suite 200 Sacramento, CA 95833-9978

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ACCEPT NO SUBSTITUTES

