

CCPOA Benefit Trust Fund

Change of Beneficiary Request

CCPOA Member information

Member Name		Social Security Number	
Address	City	State/Zip	
Institution		Home or Cell Phone	

Primary Beneficiary Name(s): *If more than one beneficiary is listed the total percentage must equal 100%.*

Name - First	Middle	Last	Birthdate:	%	Relationship to member	Social Security Number
Address (Number and Street)			City		State	Zip Code
Name - First	Middle	Last	Birthdate:	%	Relationship to member	Social Security Number
Address (Number and Street)			City		State	Zip Code
Name - First	Middle	Last	Birthdate:	%	Relationship to member	Social Security Number
Address (Number and Street)			City		State	Zip Code

Contingent Beneficiary Name(s): *If more than one beneficiary is listed the total percentage must equal 100%.*

Name - First	Middle	Last	Birthdate:	%	Relationship to member	Social Security Number
Address (Number and Street)			City		State	Zip Code
Name - First	Middle	Last	Birthdate:	%	Relationship to member	Social Security Number
Address (Number and Street)			City		State	Zip Code

Please check all boxes this change applies to:	
ACTIVE MEMBERS	RETIRED MEMBERS
<input type="checkbox"/> Active Base Life	<input type="checkbox"/> Retired Base Life
<input type="checkbox"/> Supplemental Term Life	<input type="checkbox"/> Retired Term Life
<input type="checkbox"/> AD&D	<input type="checkbox"/> Retired AD&D
<input type="checkbox"/> Accidental Death \$5,000	<input type="checkbox"/> Senior Term Life

Signature

Date

Mail to: CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200 • Sacramento, CA 95833-4235
Phone: 800.468.6486 • 916.779.6300 Fax: 916.779.6355





NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 149 SACRAMENTO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-9978



Fold and seal to return mail

**We wont know,
unless you tell us.**



Fold and seal to return mail