

# Change of Beneficiary Request

## CCPOA Member Information

Member Name		Social Security Number (Last 4)	
Address	City	State / ZIP	
Institution		Home / Cell Phone	

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

Name - First	Middle	Last	Birthdate:	%	Social Security Number (Last 4)	
Home or Cell Phone					Relationship to member	
Address (Number and Street)			City	State	Zip Code	
Name - First	Middle	Last	Birthdate:	%	Social Security Number (Last 4)	
Home or Cell Phone					Relationship to member	
Address (Number and Street)			City	State	Zip Code	
Name - First	Middle	Last	Birthdate:	%	Social Security Number (Last 4)	
Home or Cell Phone					Relationship to member	
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:	%	Social Security Number (Last 4)	
Home or Cell Phone					Relationship to member	
Address (Number and Street)			City	State	Zip Code	
Name - First	Middle	Last	Birthdate:	%	Social Security Number (Last 4)	
Home or Cell Phone					Relationship to member	
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

