

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
☐ 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 200 | Sacramento, CA 95833-4235
 Phone: 800.468.6486 | 916.779.6300 | Fax: 916.779.6355



NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S



CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-9978

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BUSINESS REPLY MAIL
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UNITED STATES

