Change of Beneficiary Request

CCPOA Member Information

Member Name			Social Security Number (Last 4)
Address	City		State / ZIP
Institution	E-Mail		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: 916.779.6300 | Fax: 916.779.6355 | 1-800-In-Unit-6