



RETIREE'S DESIGNATION OF BENEFICIARY

DATE _____

My name is _____

My present home address is: _____

Number Street

City State Zip

Telephone Number

My Social Security Number is: _____

I nominate as my beneficiary _____,
Name

_____, whose date of birth is _____
Relationship

and Social Security Number is _____

Beneficiary's Address _____

Signature * _____
(Your Full Legal Name)*

***Beneficiary information will not be accepted without your ORIGINAL SIGNATURE. (Faxed or photocopied forms are not acceptable.) The changes you make on this form cancel all prior beneficiary designations. This form must be mailed and on file with CCCERA to be in effect.**