



RETIREE CHANGE OF BENEFICIARY DESIGNATION

FORM 206
(Rev. 2024)

Purpose of the Form: Use this form to designate beneficiaries to receive your CCCERA Lump Sum or Return of Contributions death benefits.

Instructions: Complete form in blue/black ink and return to CCCERA. Submit original documents only; fax/email copies will not be accepted.

- If your beneficiary was previously your spouse, more documentation may be required (i.e. spousal waiver, death certificate, or divorce paperwork). If more documentation is required, CCCERA will contact you after you return this form.

| Member Information | | | |
|---------------------------------------|---------------|---|--|
| Full Name | | Last 4 of Social Security Number | |
| Street or P.O. Box | | Employee # | |
| City | State | Zip Code | |
| Daytime Phone Number (with area code) | Email Address | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |

| Beneficiary or Beneficiaries | | | | |
|------------------------------|----------------------------|---|--------------|------------------------|
| (1) First Name | MI | Last Name | | Benefit % .0% |
| Street or P.O. Box | | City | State | Zip Code |
| Phone Number | Date of Birth – mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | Relationship | Social Security Number |
| (2) First Name | MI | Last Name | | Benefit % .0% |
| Street or P.O. Box | | City | State | Zip Code |
| Phone Number | Date of Birth – mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | Relationship | Social Security Number |
| (3) First Name | MI | Last Name | | Benefit % .0% |
| Street or P.O. Box | | City | State | Zip Code |
| Phone Number | Date of Birth – mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | Relationship | Social Security Number |

| Member Acknowledgment | |
|--|-------------------|
| I hereby designate the person(s) and/or entities entered in the Beneficiary Information section of this form as beneficiary(ies) of the following death benefits. | |
| <p>Check all that apply:</p> <input type="checkbox"/> All death benefits payable by CCCERA to a primary beneficiary(ies). <input type="checkbox"/> All death benefits payable by CCCERA to a secondary beneficiary(ies). <input type="checkbox"/> I am designating a beneficiary(ies) for the return of contributions (Unmodified or Option 1 Allowance Only) under Gov. Code §31760.1, §31760.2(d), or §31761. <input type="checkbox"/> I am designating a beneficiary(ies) for the lump sum death benefit under Gov. Code §31789.5. | |
| I understand that this election revokes any previous beneficiary designation. I swear pursuant to Government Code 31526 and Code of Civil Procedure Section 2015.5, under penalty of perjury, that the information on this form is true and correct. | |
| Signature | Date – mm/dd/yyyy |