



RETIREE CHANGE OF BENEFICIARY DESIGNATION

FORM 206
(Rev. 2022)

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 document 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	Last 4 of 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	Last 4 of 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	Last 4 of Social Security Number

If more room is needed for additional beneficiaries, or to nominate secondary beneficiaries, attach a copy of a Beneficiary Designation Form (CCCERA Form 102).

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.	
Check all that apply	
<input type="checkbox"/> I am designating the beneficiary for the return of contributions (Unmodified Allowance Only) under Gov. Code §30760.2(d).	
<input type="checkbox"/> I am designating the beneficiary 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