



# RETIREE CHANGE OF BENEFICIARY DESIGNATION

**FORM 206**  
(Rev. 2023)

**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

If more room is needed for more 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.	
<b>Check all that apply:</b>	
<input type="checkbox"/> All death benefits payable by CCCERA.	
<input type="checkbox"/> I am designating the beneficiary for the return of contributions ( <b>Unmodified or Option 1 Allowance Only</b> ) under Gov. Code §31760.1, §31760.2(d), or §31761.	
<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

Contra Costa County Employees' Retirement Association  
1200 Concord Avenue, Suite 300, Concord, CA 94520  
Phone 925-521-3960 • Fax 925-521-3969 • cccera.org