



RETIREE CHANGE OF BENEFICIARY DESIGNATION

FORM 206 (Rev. 2025)

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 section with fields for Full Name, Social Security Number, Street/P.O. Box, Employee #, City, State, Zip Code, Daytime Phone Number, Email Address, and Marital Status.

Beneficiary or Beneficiaries section with three rows for beneficiary details including First Name, MI, Last Name, Benefit %, Street/P.O. Box, City, State, Zip Code, Phone Number, Date of Birth, Gender, Relationship, and 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.

Check all that apply:

- Checkboxes for: All death benefits payable to primary/secondary beneficiary, designating beneficiary for return of contributions, and designating beneficiary for lump sum death benefit.

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 and Date fields.