CHANGE OF BENEFICIARY DESIGNATION
POST RETIREMENT MARRIAGE DISSOLUTION

FORM 206 EX
(Rev. 2026)

Purpose of the Form: Use this form to designate beneficiaries to receive your CCCERA pension granted to you pursuant to a post retirement Qualified Domestic Relations Order.
Instructions: Complete form in blue/black ink and submit it back to CCCERA. Electronic signatures will NOT be accepted.
If more room is needed for additional beneficiaries or to nominate secondary beneficiaries, attach a copy of a Retiree Change of Beneficiary Designation Form (CCCERA Form 206).

Member Information

Full Name			**Last 4 of Social Security Number**
Street or P.O. Box			**Apartment #**
City		**State**	**Zip Code**
Daytime Phone Number (with area code)	**Email Address**		**Marital Status** ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ 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** ☐ Male ☐ Female ☐ 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** ☐ Male ☐ Female ☐ 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** ☐ Male ☐ Female ☐ Non-binary		**Relationship**	**Last 4 of Social Security Number**

* If a beneficiary is deceased at the time of the member's passing, and no update to the beneficiary split has been provided to CCCERA, the deceased beneficiary portion will be split equally among the remaining beneficiaries or estate.

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 benefit:

I am designating the beneficiary for the continued payment of the retirement benefit granted to me pursuant to the Qualified Domestic Relations Order entered by_____ court in case No. _____, which is derived from the pension benefit granted to _____ (Name of Ex-Spouse/Source Member).

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.gov