

**California Correctional Supervisors Organization
CCSO Death Benefit
New / Change of Beneficiary Card**

LAST NAME	FIRST NAME	M.I.	BIRTHDATE	SOCIAL SECURITY NO.	
HOME ADDRESS		CITY	STATE	ZIP CODE	PHONE
CURRENT TITLE			INSTITUTION		
Print your beneficiary(s):			EMAIL		
Beneficiary (Name)			Relationship		
Contingent Beneficiary (Name)			Relationship		
Your Signature			Date		

.....

Please print all information.

Mail completed card to:

CCSO
1481 Ullrey Ave
Escalon, CA 95320

Note:

A signature is required for this form and death benefit to take effect.
Contact CCSO with questions at 800-449-2940
www.ccsonet.org.