

California Law Enforcement Association (CLEA) Change of Beneficiary (COB)

LAST NAME	FIRST NAME	M.I.	BIRTHDATE	SOCIAL SECURITY NO.
MAILING ADDRESS			NAME OF EMPLOYER	
CITY	STATE	ZIP CODE	PHONE	
CURRENT TITLE		E-MAIL		

Please change my beneficiary to:

Beneficiary (Name) _____ Relationship _____

Contingent Beneficiary (Name) _____ Relationship _____

Your Signature _____ Date _____

Please do not write in this space. Office use only.	Date Received: _____
	Address Updated: _____
	Files Updated: _____

Note: A signature is required for this form to take effect. Contact Plan Administrator at 1-800-832-7333 with questions, or visit www.clea.org.

CLEA-WEB-COB Rev. 08/05

After signing this card please mail to:

CLEA
 LTD Beneficiary Change
 PO Box 31
 Martell, CA 95654