



REQUEST FOR CHANGE FORM
NEW YORK LIFE INSURANCE COMPANY

Return Completed Form to:
AVMA/GHLIT
P O Box 30481
Tampa, FL 33630-3481

INSTRUCTIONS - Type or print clearly in ink. Complete fully and return this form to the Plan administrator for recording in accordance with the group policy. Please use a new form instead of making erasures or corrections.

If you are changing your beneficiary from a presently designated trustee beneficiary, please submit evidence that the Trust Instrument permits a change.

SAMPLES OF POPULAR BENEFICIARY DESIGNATIONS ARE SHOWN ON THE REVERSE SIDE.

Name of Association _____ Group Policy #. _____

Insured Member's Name _____ Certificate No. _____

REQUEST FOR CHANGE OF BENEFICIARY

Check Applicable Box(es) I hereby designate the person or persons below as beneficiary for the life insurance specified below, revoking any other beneficiary designation and optional method of settlement election for such insurance, such change to be effective in accordance with the terms and conditions of the group policy.

My Life NAME (first, middle initial & last) SOCIAL SECURITY NUMBER RELATIONSHIP ADDRESS

My Spouse's Life NAME (first, middle initial & last) SOCIAL SECURITY NUMBER RELATIONSHIP ADDRESS

REPORT OF NAME CHANGE

Check if Applicable (Do NOT complete if requesting only a Change of Beneficiary)

I hereby request that the records kept in connection with the group policy reflect the following change of name of the insured or beneficiary, as shown below:

From _____ To _____ Date of Change _____
Insured
Beneficiary

Dated: _____, 20____ Signature of Insured Member _____

Recorded on behalf of New York Life, subject to the terms and conditions of the group policy, and copy returned.

By _____ Dated _____, 20____

Popular Beneficiary Designations

(A married woman should be designated by her first name, middle initial and last name. For example, Mary J. Smith, not Mrs. Thomas A. Smith.)

(If your beneficiary is not related to you by blood or marriage, “business associate”, “partner”, or other economic relationship should be inserted; otherwise, insert “non-relative”.)

1. One beneficiary only: Mary J. Smith, wife.
2. Two or more beneficiaries, equal amounts William S. Smith, father,
Alice C. Smith, sister and
Richard B. Smith, brother,
Equally or to the survivors equally, or to the survivor.
3. Unequal amounts: 50% to Mary J. Smith, wife and
25% each to Alice C. Smith, sister and
Richard B Smith, brother,
the share of any deceased beneficiary to be
paid in equal shares to the survivors, or to the survivor.
4. Primary and contingent beneficiary: Mary J. Smith, wife, if living; otherwise the
children born of the marriage of the insured
to Mary J. Smith, equally, or equally to the
survivors, or to the survivor.
5. Trustee beneficiary: The Trust Company of Smith, Illinois as
trustee under a Trust Instrument dated
December 29, 1967.