

# BENEFICIARY DESIGNATION FORM

## NYSUT Member Benefits Trust-endorsed Term Life Insurance Plan

\_\_\_\_\_  
Certificate Holder's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
NYSUT Member's Social Security #

\_\_\_\_\_  
NYSUT Member ID

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

### BENEFICIARY DESIGNATION:

You may designate one or more beneficiaries to receive your Plan benefit after death. Your beneficiaries may include: (1) named individuals, (2) the executors or administrators of your estate, (3) trustee(s) under your will or under a trust agreement, (4) charitable organization(s) or other entities.

**Primary Beneficiary** - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

Beneficiary Name	%	Address (Street/City/State/Zip)	Relationship	Date of Birth	Social Security or Tax I.D. Number	Phone Number

**Contingent Beneficiary** - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

Beneficiary Name	%	Address (Street/City/State/Zip)	Relationship	Date of Birth	Social Security or Tax I.D. Number	Phone Number

### AUTHORIZATION:

I understand that this designation revokes any and all previous designations I have made with respect to the Plan(s) noted above, and I authorize the Plan Administrator to pay any proceeds according to this designation. If none of the beneficiaries indicated in this designation survives me or legally qualifies as my beneficiary, I understand settlement will be made in accordance with the terms of the Group Policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness\*

\*Your signature must be witnessed by someone other than a designated beneficiary or potential beneficiary.

## INSTRUCTIONS FOR COMPLETING A BENEFICIARY CHANGE FORM

The following instructions are included for your convenience.

- Type or print clearly in ink.
- Use new form instead of making erasures or corrections.
- Return all signed copies.
- The witness signature cannot be a beneficiary or a potential beneficiary.
- Certificate owner and witness signature must be dated the same day.
- The form must be received in our office within 45 days of the signature date.

If additional space is needed, please attach a separate sheet of paper. The certificate owner and witness must sign and date each attachment.

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

If you are designating a trust as the primary or contingent beneficiary, please include a copy of the title page, the signature page, and the page that is notarized. Be advised that the notary's seal or stamp must be visible for us to accept your designation.

Please return your completed form to:  
AMBA  
PO BOX 14522  
DES MOINES, IA 50306-3522