

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 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 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

For your convenience, this form may be completed electronically by visiting www.nysutmbteinsurance.com and logging in to "MY ACCOUNT". Customer Service is available to assist you by calling (888) 386-9788.