

# BENEFICIARY DESIGNATION FORM

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

*Please Print*

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

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

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

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

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### BENEFICIARY DESIGNATION:

You may designate one or more primary 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.

Named Beneficiary:

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

### AUTHORIZATION:

Authorize this beneficiary designation by signing your name. Your signature must be witnessed by someone other than a designated beneficiary or potential beneficiary.

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 I have named more than one beneficiary, and at least one but not all predeceases me or fails to qualify legally as my beneficiary(ies), then the remaining proceeds shall be divided among the remaining beneficiary(ies) in proportion to the above percentage designation. If none of the beneficiaries indicated in this designation survives me or legally qualifies as my beneficiary, I designate my executor(s) or administrator(s) as beneficiary(ies).

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

# 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
- Member and witness signature must be dated the same day
- Member 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.

Samples of common beneficiary designations are shown below:

## COMMON 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. Also, if your beneficiary is not related to you by blood or marriage, then "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. Two or more beneficiaries, 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 the survivor. |
| 4. Primary and Contingent Beneficiary:         | Mary J. Smith, Wife, if living; otherwise the children born of the marriage of the insured to May J. Smith, equally of to the survivors, or to the survivor.   |
| 5. Trustee Beneficiary:                        | The Trust Company of Smith, Illinois as Trustee under a Trust Instrument dated December 1, 1993.   |

Please return your completed form to:  
Association Member Benefits Advisors (AMBA)  
PO Box 9186  
Des Moines, IA 50306