BENEFICIARY DESIGNATION FORM

NYSUT Member Benefits Trust-endorsed Term Life Insurance Plan

<u>Please Print</u>

Certificate Holder's Last Name	First Name	Middle Initial
NYSUT Member's Social Security #		Phone Number
Street Address		Apt. #
		•

City

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.

State

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. <u>Your signature must be witnessed by someone</u> 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 Owner

Zip

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 <u>signed</u> copies
- The witness signature <u>cannot</u> 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 9186 Des Moines, IA 50306