

Send this completed form to: ADMINISTRATOR IEEE MEMBER GROUP INSURANCE PROGRAM P.O. Box 10374 Des Moines, IA 50306



REQUEST FOR CHANGE FORM

INSTRUCTIONS – Type or print clearly in ink. Complete fully and return both copies of this form to the Plan Administrator for recording in accordance with the group policy. A recorded copy will be returned to you for your records. 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. Do not use this form if coverage has been transferred to a non-insured Owner, e.g. a Trustee owner; call the Administrator for the correct form.

Name of Association: Insured Member's Name		Group Policy #		
			Certificate #	
REQUEST FOR	CHANGE OF BENEFICIARY			
	the person or persons below as beneficiary for settlement election for such insurance, such			
NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS	PERCENTAGE
REPORT OF NA	ME CHANGE (Do NOT complete if reque	esting only a Change of Benefic	iary)	
	hat the records kept in connection with the			ne insured or beneficiar
From		То		
Insured	Beneficiary	Date of Change		
Member Signa	ature	Dated	. 2	0
			,	
ecorded on beha	alf of New York Life, subject to the terms an	ad conditions of the group polic	y, and copy returned.	
1.			Datad	20

Popular, Clear and Complete Beneficiary Designations:

1. One beneficiary only:

Mary J. Smith, wife.

2. Two or more beneficiaries, equal amount:

William F. Smith, father, Alice C. Smith, sister, and Richard B. Smith, brother, or the survivors or survivor, in equal shares if more than one.

3. <u>Unequal amounts:</u>

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 of them, or to the survivor.

4. One primary and two or more contingent beneficiaries:

Mary J. Smith, wife, if living; otherwise Thomas F. Smith, son and Linda M. Smith, daughter, or the survivors or survivor, in equal shares if more than one.

5. Two primary and one contingent beneficiary:

William F. Smith, father, and Lynn K. Smith, mother, equally or the survivor of them, but if neither survives, Alice C. Smith, sister.

6. Trustee Beneficiary (under trust instrument):

The Trust Company of Smith, Illinois as trustee under a trust instrument dated December 29, 1967.

7. Trustee for minor (in absence of trust instrument):

Thomas F. Smith, son, provided that any payment becoming due to that son during his minority will be paid to Richard B. Smith, brother of the insured as trustee, if living; otherwise the legal guardian of said son.

DESIGNATING A MINOR BENEFICIARY:

In the event that the child(ren) you designate as beneficiary is/are minors, we would like to make you aware that we have on occasion experienced <u>delays in the payment</u> of proceeds when the beneficiary is still a minor at the time of the insured's death. A claims payment may be delayed until a surviving parent, relative, or other interested party obtains a court appointment as guardian of the minor's estate, for the purpose of receiving the proceeds on behalf of the child.

This information is based on our experience in insurance matters and is not intended to be applicable in all situations. We are merely alerting you to a potential problem which may arise when insurance proceeds become payable to a minor. We do not intend to imply that there is anything improper or unacceptable about designating a minor as a beneficiary.

(Updated 03/02/12)