



Name: _____ Date: _____

Address: _____ Credit Union Name: _____

City: _____ ST _____ Zip _____ Account Number: _____

Policy Number: _____

BENEFICIARY FORM

Accidental Death & Dismemberment Insurance

NEW YORK LIFE is requested to record the following beneficiary designation. I hereby designate the person identified below as the beneficiary, revoking any other beneficiary designation and optional method of settlement election, such change to be effective in accordance with the terms and conditions of the group policy.

Insured's Beneficiary

Name: _____

Address: _____

City: _____

ST: _____ Zip: _____

Social Security #: _____

Relationship: _____

Contingent Beneficiary (as needed)

Name: _____

Address: _____

City: _____

ST: _____ Zip: _____

Social Security #: _____

Relationship: _____

Member's Signature: _____ **Dated:** _____

Please retain a copy of this form for your records.

For Office Use Only
The requested change is complete and recorded on behalf of New York Life and a copy returned for your files.
By: _____ Date: _____