



Name: _____ Date: _____

Address: _____ Credit Union Name: _____

City: _____ ST _____ Zip _____ Account Number: _____

BENEFICIARY FORM

Group Term Life Insurance G05998

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

Spouse's Beneficiary

Name: _____
Address: _____
City: _____
ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

Name: _____
Address: _____
City: _____
ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

Contingent Beneficiary (as needed)

Spouse's Contingent Beneficiary (as needed)

Name: _____
Address: _____
City: _____
ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

Name: _____
Address: _____
City: _____
ST: _____ Zip: _____
Social Security #: _____
Relationship: _____

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

Spouse'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: _____