



The Company you Keep®



Plan Administrator:  
Wright and Company  
706 Philadelphia Pike, Suite 1  
Wilmington, DE 19809  
(800) 424-9801 or fax (703) 341-4480

## BENEFICIARY CHANGE FORM

Name of Insured: \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_ Group Number: \_\_\_\_\_

### Instructions

- **Before** completing the reverse side of this form, please **review** the Popular Beneficiary designation samples below.
- **Please Type or Print clearly** in ink. Complete fully and return this form to the Plan Administrator for recording in accordance with the group policy. Please use a new form instead of making erasures or corrections.
- Give the full name, address and relationship of the beneficiary to the Insured. If the beneficiary is a married woman, give her full name, for example as “Mary Smith”, not “Mrs. John Smith”.
- **Do Not** use the wording “and/or” when designating a beneficiary.
- If you are changing your beneficiary from a currently designated trustee beneficiary, please submit evidence that the Trust instrument permits such a change if ownership had previously been transferred to the Trust.
- If additional space is needed, please use a separate sheet of paper.
- Please be sure to **Sign** this form. We cannot accept any changes without the **Signature** of the current Owner.
- A confirmation of the change will be sent to the Owner to be kept with the Certificate after the change has been recorded.

### Important terms to understand

First Beneficiary: The person(s) or organization designated as the recipient of the death benefit in the event of the death of the insured. In order to receive the death benefits, the beneficiary must survive the insured by fifteen days. Otherwise the death benefit is payable to the insured’s estate, unless a second beneficiary is named.

Second Beneficiary: The death benefit is payable to the second beneficiary only if the first beneficiary does not survive the insured by fifteen days, disclaims the death benefit or is disqualified under the law.

### Popular Beneficiary Designations

First Beneficiary (one only): Mary A. Smith, wife of the Insured

First Beneficiary (two or more, equal amounts): John B. Smith, father and Mary A. Smith, mother equally or to the survivor. (Note: the share of any beneficiary who predeceases the insured shall be paid to the surviving beneficiary, or in equal shares to the surviving beneficiaries).

First Beneficiaries (two or more, unequal amounts): 75% to William B. Smith, father; 25% to Mary A. Smith, mother.

First and Second Beneficiaries: First, Mary B. Smith, sister; Second, Ann Jones, niece. Another example, Mary B. Smith, wife, if living; otherwise as second beneficiaries: the children born of the marriage of the insured to Mary B. Smith, or equally to the survivor(s).

Trustee Beneficiary: John B. Smith as Trustee under The Smith Family Trust instrument dated September 10, 1994.

Two First and One Second Beneficiaries: William F. Smith, father and Lynn K. Smith, mother equally or to the survivor, but if neither survives the insured, then to Alice C. Smith, sister as second beneficiary.

Minor Beneficiary where there is no Trust Instrument: James T. Smith as Custodian for Thomas Smith, minor son of the insured under the state of \_\_\_\_\_ Uniform Transfer/Gifts to Minors Act.

Charitable, Religious or Educational Instruments: St. James Church (be sure to include the complete address of the organization).

I hereby designate the person or persons named below as beneficiary (ies), revoking any other beneficiary designation(s). This change is to be effective in accordance with the terms and conditions of the group policy.

**First Beneficiary (ies)** (Be sure to include the beneficiary's relationship to you, address and social security number, if available.) **Please use a separate sheet of paper if more room is needed.**

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Percentage</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Percentage</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Percentage</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Second Beneficiary (ies)** (Be sure to include the beneficiary's relationship to you, address and social security number, if available.) **Please use a separate sheet of paper if more room is needed.**

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Percentage</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Percentage</i>
<i>Address</i>	<i>City</i>	<i>State</i>	

**X**  
SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Recorded on behalf of New York Life Insurance Company, subject to the terms and conditions of the group policy, and copy returned.

By: \_\_\_\_\_ Date: \_\_\_\_\_