



BENEFICIARY DESIGNATION

Plan Name _____ Social Security _____

Name of Member/Participant _____ Date of Birth _____

SERVICE AWARD PROGRAM

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

**** Please print clearly. All blanks must be filled in.**

Primary Beneficiary(ies)

Name	Address	Relationship	D.O.B.	Social Security	%

Percentage must total 100%

Secondary Beneficiary(ies)

The Beneficiary(ies) who will receive the proceeds if the Primary Beneficiary has pre-deceased the Participant.

Name	Address	Relationship	D.O.B.	Social Security	%

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

Address of Member/Participant

Signature of Member/Participant

Date Signed

This information will also be used to calculate the 100% Joint/Survivor option (Beneficiary cannot be changed). This form should also be completed when a member is electing any of the following options - Fixed Period, Life Annuity with a Period Certain, Life with 100% Survivor.