Employee Name: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Home Phone: \_\_\_\_ Work Phone: \_\_\_\_

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in



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equal shares. Proceeds are paid to conting contingent beneficiaries and do not designares. Unless otherwise provided, the shares surviving beneficiaries in the respective cate	gnate percentages, procee re of a beneficiary who die:	ds are paid to the surviving sobefore the insured will be di	contingent benefi	ciaries in equal	
If you need additional space to indicate you including the appropriate policy number, t	ur beneficiary designations, he date, and your signature	, attach a separate piece of pa e.	per using the belo	w format	
Basic Term LIfe Insurance, New York Life Group Insurance Company of NY Policy No.					
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Voluntary Term Life Insurance, New	y York Life Group Insura	ance Company of NY Po	olicy No.		
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )	
Basic Accidental Death & Dismember	erment Insurance, New	York Life Group Po	olicy No.		
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )	
Note: This form is not complet	e without your signature. Ple	ase sign the form on the next pa	ge where indicated.		

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Voluntary Accidental Death & Dismemberment Insurance, New York Life Group Policy No. Insurance Company of NY					
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100% )	

<b>Community Property Laws</b> - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, payments of benefits may be delayed or disputed unless your spouse provides their signature in the space provided below.					
	Spouse's Signature: _	Date:			
	Owner's Signature:	Date:			

## **Guidelines for Designation of Beneficiaries**

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation(s).

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate because it is lost, contested, or superseded by a later will. Claim payment delays can result if the beneficiary designation does not provide for this situation.

**Domestic Partner** - If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit will be paid according to the provisions of the policy.

**Life Status Changes** - We recommend that you review your beneficiary designation(s) when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation(s). A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.