New York Life Insurance Company
300 Southborough Drive, Suite 200, South Portland, ME 04106

INSURANCE BENEFICIARY DESIGNATION FORM

LIFE/AD&D Insurance Beneficiary Designation

Employee Last Name	First Name	Middle Initial	Social Security No.

Policy No.	Certificate No.

If your designation does not fit into one of the sections below, please contact your HR representative for assistance. Please return your completed Beneficiary Designation form to your Employer.

Please complete only one of the four sections below and then sign and date the bottom of this page.

1. INDIVIDUAL(S)

PRIMARY BENEFICIARY(IES)

All beneficiaries in this section will be considered primary. Proceeds will be paid in equal shares to primary beneficiaries who survive you unless you indicate percentages. Percentages must equal 100%.

Name	Relationship	SSN	Address & Phone	Percentage
1.				
2.				
3.				

SECONDARY BENEFICIARY(IES)

All beneficiaries in this section will be considered secondary. If no primary beneficiaries survive you, proceeds will be paid to the surviving secondary beneficiaries named in this section. Payment will be paid in equal shares unless you indicate percentages. Percentages must equal 100%.

Name	Relationship	SSN	Address & Phone	Percentage
1.				
2.				
3.				

2. TRUSTEE UNDER TRUST AGREEMENT

To _____ of _____, or
Name of Trustee City State

successor, as trustee under a trust agreement of _____
Name of Settlor, Grantor, Donor

Dated _____, as amended.

3. TRUSTEE UNDER WILL

To the trustee under my last will and testament, including any codicil thereto

4. ESTATE OF INSURED

To the executors or administrators of my estate

ANY AMOUNT OF INSURANCE PAYABLE AT MY DEATH SHALL BE PAYABLE AS INDICATED ABOVE.

Signature _____ **Date** _____