



New York Life
Insurance Company
51 Madison Ave
New York, NY 10010

REQUEST FOR CHANGE OF BENEFICIARY REPORT CHANGE OF NAME

Return Completed Form to:
AIChE Insurance Program Administrator
159 E County Line Rd.
Hatboro, PA 19040

Complete this form and return to the Plan Administrator

PLEASE PRINT IN INK OR TYPE ALL ANSWERS AND INITIAL ANY CHANGES YOU MAKE

MEMBER INFORMATION

Insured Member Name _____ Social Security #: _____
First Middle Initial Last
 Street Address _____
 City _____ Home Phone # _____
 State _____ Zip _____ Work Phone # _____

POLICY INFORMATION

Term Life 10 Year Level Term Life 20 Year Level Term Life Accidental Death & Dismemberment

Group Policy # _____ Group Certificate No. _____

REQUEST FOR CHANGE OF BENEFICIARY

Check Applicable Box(es) I hereby designate the person or persons below as beneficiary for the life insurance specified below, revoking any other beneficiary designation and optional method of settlement election for such insurance, such change to be effective in accordance with the terms and conditions of the group policy.

	NAME (first, middle initial & last)	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS
<input type="checkbox"/> My Life	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	NAME (first, middle initial & last)	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS
<input type="checkbox"/> My Spouse's Life	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Samples of popular beneficiary designations are shown on the next page.

REPORT OF CHANGE OF NAME (Do not complete if only requesting a change of beneficiary)

Check if Applicable I hereby request that the records kept in connection with the group policy reflect the following change of name of the insured or beneficiary, as shown below:

Insured From _____ To _____

Beneficiary Date of Change _____

My Spouse's Beneficiary

X Signature of Insured Member _____ Date: _____
 (or Survivor Spouse)

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

By _____ Dated _____, 20____

POPULAR BENEFICIARY DESIGNATIONS

A married woman should be designated by her first name, middle initial and last name.

For example, Mary J. Smith, not Mrs. Thomas A. Smith.

If your beneficiary is not related to you by blood or marriage, "business associate", "partner", or other economic relationship should be inserted; otherwise, insert "non-relative".

- | | |
|--|--|
| 1. One beneficiary only: | Mary J. Smith, wife. |
| 2. Two or more beneficiaries, equal amounts: | William S. Smith, father, Alice C. Smith, sister and Richard B. Smith, brother, Equally or to the survivors equally, or to the survivor. |
| 3. Unequal amounts: | 50% to Mary J. Smith, wife and 25% each to Alice C. Smith, sister and Richard B Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor. |
| 4. Primary and contingent beneficiary: | Mary J. Smith, wife, if living; otherwise the children born of the marriage of the insured to Mary J. Smith, equally, or equally to the survivors, or to the survivor. |
| 5. Trustee beneficiary: | The Trust Company of Smith, Illinois as trustee under a Trust Instrument dated December 29, 1967. |

NOTE: If you are changing your beneficiary from a presently designated trustee beneficiary, please submit evidence that the Trust Instrument permits a change.
