

Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

PRIMARY

1	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

2	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

3	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

4	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I out-live these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

CONTINGENT

1	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

2	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

3	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

4	Last Name	First Name	M.I.	Date of Birth Month Day Year		
	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address: Street		Apt. or Unit#		City	State	Zip Code

This form must be signed and notarized in order to be valid

<input type="text"/> Member's Signature	<input type="text"/> Date
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Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.