



GROUP MEMBERSHIP ASSOCIATION BENEFICIARY DESIGNATION REQUEST

Insured's Name, Social Security Number (Last 4 digits), Address, Certificate Number, Date of Birth, Group Policyholder Name, Group Policy Number

Important: To expedite claim payments, and in accordance with state insurance regulations, please provide the Identifying Information requested below for your beneficiary(ies).

I hereby designate the person or persons below as beneficiary for the insurance specified above, revoking any other beneficiary designation.

Table with 3 rows for beneficiary designations. Each row includes fields for Class/Share, Beneficiary Name, Address, Date of Birth, Social Security Number, Phone Number, and Relationship to Insured.

If there is not enough room on this form, please attach a separate page with your dated signature including the names, addresses, Social Security Numbers, dates of birth, and primary phone numbers of all beneficiaries.

AUTHORIZING SIGNATURE (Insured Member or previously designated non-insured Owner)

Signature, Date, Name (please print)

RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.

By, Date

Please return this completed form to AMA Insurance 330 N Wabash Suite 39300 Chicago IL 60611. Assistance is available by calling 800-458-5736 Monday - Friday 8am to 5pm, Central Time.

1 If no class (primary or contingent) for a beneficiary is indicated, the beneficiary will be considered primary. For each class of beneficiaries, all shares (percentages) must add up to 100%.