



The Company You Keep®

GROUP MEMBERSHIP ASSOCIATION BENEFICIARY CHANGE REQUEST

Group Policyholder

Name: Worldwide Assurance for Employees of Public Agencies (WAEPA)

Group Policy

Number G-30280-0

Member checkbox

Certificate

Spouse checkbox

Number

Insured's Name

Important: In order to expedite claim payments, and in accordance with state insurance regulations, please provide the Identifying Information requested below for your beneficiary(ies). All states have unclaimed property laws requiring life insurance benefits to be transferred to the state if a beneficiary cannot be located. To avoid having benefits intended for your beneficiary(ies) being transferred to the state, please provide the Identifying Information to help us locate the beneficiary(ies) at time of claim

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, and Phone Number. Includes checkboxes for Primary/Contingent and Address/Phone same as Insured Member.

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 WAEPA, 433 Park Ave., Falls Church, VA 22046. Assistance is available by calling 888-353-1308 between 8:30 am and 5pm, EST.

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%. Unless shares are stated otherwise, benefits will be distributed equally among all surviving beneficiaries in the same class (primary or contingent). If a primary beneficiary dies before the insured, that portion of the benefits will be equally distributed to the surviving primary beneficiaries; if no primary beneficiaries survive the insured, benefits will be paid to the surviving contingent beneficiary(ies) in the next class. If no contingent beneficiaries survive the insured, benefits will be distributed as provided in the Group Policy.