



GROUP INSURANCE BENEFICIARY FORM

Insured _____ Cert No. _____

Employer _____ Group Policy No. _____

The present beneficiary designation for proceeds payable on the death of the Insured under the above certificate of insurance is terminated and the following designation made:

PRIMARY BENEFICIARY(IES)

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

SECONDARY BENEFICIARY(IES): I wish the following to receive proceeds **only** if the primary beneficiary(ies) stated above all die before the insured:

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

THIRD BENEFICIARY(IES): I wish the following to receive proceeds **only** if the primary and secondary beneficiary(ies) stated above all die before the insured:

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

Unless otherwise provided, all beneficiaries in a class who survive the Insured shall share the death benefit equally, and no beneficiary in a subsequent class shall receive payment unless all beneficiaries in the preceding class have predeceased the Insured.

This Designation is subject to the following checked (x) paragraph:

- () Deferred Survival – If any beneficiary designated shall survive the Insured but shall die before the _____ day (not to exceed 90 days) after the death of the Insured (exclusive of the date of death), proceeds shall be paid in the same manner as if the beneficiary had predeceased the Insured.
- () * Payment of a minor Child's Share to Trustee – Any payment which becomes due a child under the age of twenty-one shall be made to _____, (s)he currently resides at _____ as Trustee under a Trust Agreement dated _____.

* This option cannot be selected unless a legal Trust Agreement has been entered into by you and the elected Trustee in advance of the Trustee being named in this form. Security Mutual Life will not accept this designation unless the date of the Trust Agreement appears on this form.

This Designation is subject to the conditions printed on the reverse side hereof.

SIGNATURE AND DATE REQUIRED FOR PROCESSING

Dated at _____ this _____ day of _____, _____.

 Witness

 Certificateholder

 Spouse, if resident of a community property state (see Page 2)

Insureds: Do Not Write Below This Line

For Company use only:

Original filed with the Security Mutual Life Insurance Company of New York on

(Date) _____ (Signature)

CONDITIONS OF THIS DESIGNATION

1. This designation is subject to any Collateral Assignment of the certificate accepted by and filed with the Insurance Company, whether made prior or subsequent to the date of this designation.
2. The Insurance Company assumes no responsibility for the proper use of money by any Trustee, Custodian, Guardian, Executor or other beneficiary named herein and is released from all liability from making payment in accordance with this designation.
3. Unless otherwise expressly provided herein, the Certificateholder reserves the right, without consent of any Beneficiary, to revoke this designation and to change the Beneficiary at any time by notifying the Company in writing at its Home Office. Such change shall be without prejudice to the Insurance Company on account of any payment made or action taken by it before filing such change in its Home Office.
4. The Company has the right to refuse to file any designation which does not comply with its rules and regulations.
5. This designation, when filed by the Insurance Company shall become effective as of its date of execution. Such filing shall constitute a waiver of any provisions of the group policy requiring endorsement by the Company.
6. All designations are subject to the terms and conditions of the group policy.

INSTRUCTIONS

Use a separate form for each certificate and complete in duplicate. (Please print)

The maximum period for Deferred Survival is 90 days.

Spouse of Certificateholder residing in the following community property states must sign this Designation: AZ, CA, ID, LA, NV, NM, TX, WA, WI

If group insurance is through employment, the Employer may not be named Beneficiary.

SUGGESTED PHRASEOLOGY FOR DESIGNATION OF BENEFICIARIES

TYPE	LANGUAGE
1. Insured's estate	Executors or Administrators of Insured's Estate
2. One beneficiary of a class	Mary Doe, wife (not Mrs. John Doe)
3. Two or more beneficiaries of a class	Jane Doe, daughter, and James Doe, son
4. Unnamed children	Children of the Insured
5. Unequal portions	Jane Doe, daughter, three-fourths (3/4) and James Doe, son, one-fourth (1/4)
6. Deceased primary beneficiary's share to go to secondary beneficiary and not to be divided between surviving primary beneficiaries	Jane Doe, daughter, and James Doe, son, however, if Jane Doe shall predecease the Insured, her share shall go to her children.
7. Creditor	ABC Bank, as its interest may appear; balance, if any, to _____.
8. Trustee	ABC Bank, as trustee under trust agreement dated _____.
9. Testamentary Trustee	The qualified testamentary trustee(s), under the Insured's Last Will and Testament

Do you know that if death occurs and you have named a minor child (a person under age twenty-one) or your estate as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid? This could mean legal expenses for the beneficiary and possible delay in the payment of the insurance. Please take this into consideration when naming your beneficiary. You may wish to consult an attorney regarding a designation under your state's Uniform Transfers to Minors Act, if available.