Structured Settlement Unit 30 Hudson Street – 22nd Floor Jersey City, NJ 07302-4600

Change of Beneficiary Request Form

If you need assistance, please contact the Service Area toll free at 1-855-469-5772

Instructions for Completing this Form:

- Percentages for both primary and contingent beneficiaries must equal 100%
- If naming a Trust as the beneficiary, please provide pages of the Trust that include the Trust name, Trust date, and the Trustee(s)' name(s) and signature(s)
- If more space is needed, please attach additional page(s)
- Please mail, fax, or email a scan of the completed form to the address on the back of this form

First Name	Middle Initial	
Phone #	Date of Birth	
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	City, State, Zip Code	
First Name	Middle Initial	
Phone #	Date of Birth	
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Ì	City, State, Zip Code	
	Percentage (Share)	
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FIRST Name	Middle Initial	
Phone #	Date of Birth	
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	City, State, Zip Code	
	Percentage (Share)	
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Last Name	First Name	Middle Initial	
Social Security #	Phone #	Date of Birth	
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Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	
Last Name	First Name	Middle Initial	
Social Security #	Phone #	Date of Birth	
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Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	
Last Name	First Name	Middle Initial	
Last Name	rirst name	widdle initial	
Social Security #	Phone #	Date of Birth	
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Street Address		City, State, Zip Code	
Relationship to Annuitant/Payee		Percentage (Share)	
uitant/Payee, New York Life will pal percentages (if no other percentages) are york Life wentage is above stated). If one one ceases the other primary benefications (or contingent beneficiar	ay the applicable death tage is above stated) to vill pay the surviving con r more of the primary be ciaries (or contingent be ries, if applicable) shall s	ry designations for this Policy. Upon the death of the benefit proceeds or remaining periodic payments in the surviving primary beneficiaries. If no primary stingent beneficiaries in equal percentages (if no other eneficiaries (or contingent beneficiaries, if applicable) eneficiaries, if applicable), the surviving primary split the deceased beneficiary's share equally. If no Annuitant/Payee's death, New York Life will pay the	

3. Required Signature(s) – Your signature confirms that all information on this form is correct.

X		X
Annuitant/Pavee signature	Date	Joint annuitant signature (if applicable) Date

Please mail, fax, or email a scan of the completed form to us as noted below. Should you have any questions, please do not hesitate to contact us.

> **New York Life Insurance - Structured Settlements** 30 Hudson Street - 22nd Floor Jersey City, NJ 07302-4600 Toll Free Phone: 855-469-5772

Fax: 908-840-3880

Email: ssservice@newyorklife.com Web: nylstructuredsettlements.com