

This designation will apply to Life Insurance from The Standard Life Insurance Company of New York if available to you through your membership.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA) during your lifetime.

Sign and date the completed form and return it to NYSCOPBA - Retirement Department  
102 Hackett Blvd.  
Albany, NY 12209

**MEMBER/EMPLOYEE INFORMATION**

Your Name (Last, First, Middle)	Social Security No.		
Your Address	City	State	Zip
Group Name <b>NYSCOPBA - Retirement Chapter</b>	Group No. <b>645228 - Class 2 (Retired Members)</b>		

**BENEFICIARY INFORMATION**

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Contingent – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date