MEMBER/EMPLOYEE INFORMATION

This designation will apply to The Standard Life Insurance Company of New York's following coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance and, unless specified otherwise on a separate sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the Employer during your lifetime.

Sign and date the completed form and return it to your Human Resources Department.

Your Name (Last, First, Middle)		Social Security No.		
Your Address	City		State Zip	
Group Name	Grou	Group No.		
BENEFICIARY INFORMATION				
Your designation revokes all				
• •	ntingent Beneficiary only if you are no	,	•	
If you name two or more Ber equally, unless you provide it	neficiaries in a class (primary or cont for unequal shares.	ingent), two or more survivi	ng Beneficiarie	s will share
legal representative appoin	Elegal age) or your estate is the Bernted by the court before any death ast be identified in the Beneficiary deated"	benefit can be paid. If the	Beneficiary is	a trust or
	rant specific authority, by the terms of you have questions, consult your le		le law, to make	or change
	l Supplemental Life Insurance on y oyer's coverage under the Group Po		ole to you, if liv	ving, or as
	enefit" box(es), the amounts should a nn Q. Doe, 60%; Jane Q. Doe, 40%."		s (primary or co	ontingent).
Primary – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
		1		
Contingent – Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Date

Signature of Member/Employee