

INSTRUCTIONS

These instructions will assist you in properly completing the Primary and Contingent Beneficiary sections of the Beneficiary Designation Form. If you have any questions, please call 516-396-5500, 800-537-1238.

- * It is **very important** that you take the time now to designate who will receive the Group Life Insurance proceeds in the event of your death. If you do not do so, the benefit will go to your estate.
- * In order to designate a beneficiary to receive any benefits payable in the event of your death, **you must sign and date the Beneficiary Designation Form on the reverse side of this notice and return it to Port Chester Teachers Association Welfare Trust Fund** c/o Administrative Services Only, Inc., 303 Merrick Road, P.O. Box 9005, Lynbrook, NY 11563.
- * **THE VALIDITY OF YOUR DESIGNATION UNDER THE LAW IS YOUR RESPONSIBILITY. BE PRECISE AND CLEAR**
- * BEFORE MAKING BENEFICIARY DESIGNATIONS, YOU MAY WANT TO CONSULT WITH YOUR TAX OR LEGAL ADVISOR.
- * **YOU MAY CHANGE A BENEFICIARY DESIGNATION AT ANY TIME.**
- * **Please Note:** You cannot name your employer as a beneficiary for Group Life Insurance proceeds under the Group Policy.
- * If a beneficiary is living at the time of the employee's death but dies before receiving full benefits, the remaining proceeds will be paid to the beneficiary's estate.

Proposed Beneficiary(ies)

Suggested Wording

1. Estate	Estate
2. One Beneficiary	Martha Doe, wife
3. More than one beneficiary in equal shares	Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them, in equal share
4. Two beneficiaries, in succession	Primary: Martha Doe, wife; Contingent: Richard Doe, son (Richard will only received proceeds if Martha Doe is not living at the time of employee's death.)
5. One Beneficiary followed by two beneficiaries in equal shares	Primary: Martha Doe, wife; Contingent: Jane Doe and Mary Doe, children in equal shares, or the survivor of them (Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)
6. More than one Beneficiary in equal shares per descendent order	Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares.
7. One or more minor children.	John Smith, as custodian for Jane Doe, a minor under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of majority.
8. To a church or non-profit organization	Name and address of the beneficiary organization.
9. Beneficiaries shown in percentages	John Smith, brother – 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate.
10. Trust under Last Will and Testament	Proceeds to be paid to the Trustee under my Last Will and Testament.
11. Existing Trust	Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001

PORT CHESTER TEACHERS ASSOCIATION WELFARE TRUST FUND

*** Life Insurance Beneficiary Designation Form ***

Please complete and sign this form in ink MAKE A COPY FOR YOUR RECORDS AND RETURN THE SIGNED ORIGINAL TO:

Administrative Services Only, Inc.
303 Merrick Rd., PO Box 9005
Lynbrook, NY 11563

(516) 396-5500
(800) 537-1238

SECTION I MEMBER INFORMATION

LAST NAME	FIRST NAME	MI	SOC SEC NO.	DATE OF BIRTH
ADDRESS	APT NO.	CITY	STATE	ZIP
HOME PHONE	OFFICE PHONE			

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Contingent Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Contingent) must equal 100%. If you do not specify percentages, surviving beneficiaries within each class will share the proceeds equally. If you do not name a beneficiary, or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

SECTION II PRIMARY BENEFICIARY INFORMATION

Please indicate who should receive your Group Life Insurance Proceeds in the event of your death

FULL NAME - LAST, FIRST, MI	RELATIONSHIP (need not be a family member)	ADDRESS	DATE OF BIRTH	PHONE NUMBER	% SHARE OF PROCEEDS

SECTION III CONTINGENT BENEFICIARY INFORMATION

Please indicate who should receive the Group Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

FULL NAME - LAST, FIRST, MI	RELATIONSHIP (need not be a family member)	ADDRESS	DATE OF BIRTH	PHONE NUMBER	% SHARE OF PROCEEDS

SECTION IV SIGN AND DATE THIS FORM FOR YOUR DESIGNATION TO BECOME EFFECTIVE MAKE A COPY FOR YOUR RECORDS AND RETURN THE SIGNED ORIGINAL

Member Signature _____ Date _____