

GROUP INSURANCE – REQUEST FOR CHANGE – NEW YORK LIFE INSURANCE COMPANY

Group Policyholder: **GlobalCare Benefits Group Insurance Trust**

Group Policy No: G-29195-0 10-Year Level Term Life

Name of Insured:

Group Certificate No

**REQUEST FOR CHANGE OF BENEFICIARY**

Check if Applicable I hereby designate the person or persons named below as beneficiary, revoking any other beneficiary designation and optional method of settlement election, such change to be effective in accordance with the terms and conditions of the group policy.

My Life Name Social Security Number Relationship Address

My Spouse's Life Name Social Security Number Relationship Address

**REPORT OF CHANGE OF NAME**

Check if Applicable I hereby request that the records kept in connection with the group policy reflect the following change of name of the insured or beneficiary as shown below:

Insured From:

Beneficiary To:

My Spouse's Beneficiary Date of Change:

Signature of Insured Member or Surviving Spouse

Date

Recorded on behalf of New York Life, subject to the terms and conditions of the group, policy and copy returned.

By:

Date: