

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

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

Group Policy No: G-29317-0 Accidental Death and Dismemberment

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.

	Name	Social Security Number	Relationship	Address
My Life	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

	Name	Social Security Number	Relationship	Address
My Spouse's Life	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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: _____