

Designation of Beneficiary

Please complete this form and return to Bridget Blake, People Department in the New York office.

Employee Name		Social Security No.	Date of Birth (mm/dd/yy)
Address	City	State	Zip Code

I hereby designate the person(s) named below as my beneficiary to receive any benefit which may become due at or after my death according to the terms and conditions of our policies.

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Designated Beneficiary	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code

TRAVEL/ACCIDENT INSURANCE

Designated Beneficiary	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code

RETIREMENT SAVINGS PROGRAM

I hereby state that if I die at any time before commencement of payment of any benefit under the plan, any death benefit payable with respect to my participation in the plan shall be distributed to the beneficiary(ies) named below. This designation will also apply to those participants entitled to receive an Employee Stock Ownership Plan (ESOP) distribution.

PRIMARY BENEFICIARY

Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	
Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	
Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	
Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	

CONTINGENT BENEFICARY (IF PRIMARY BENEFICIARY PRE-DECEASES YOU)

Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	
Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	
Name	Percent	Relationship	Social Security No.	Date of Birth
Address	City	State	Zip Code	

SPOUSE'S CONSENT

I hereby represent that I am married, or I am not married. If I am married and name a beneficiary other than my spouse, my spouse must consent to such designation and his/her signature must be notarized.

Signature of Member: _____ Date: _____

Consent of Spouse: _____ Witnessed by Notary Public: _____ Date: _____
