NEW YORK LIFE INSURANCE COMPANY
51 Madison Avenue
New York, New York 10010

IEEE

TO REQUEST A CHANGE:
Send this completed form to:
ADMINISTRATOR, IEEE GROUP INSURANCE PROGRAM
P.O. Box 10374
Des Moines, IA 50306

FOR IEEE MEMBERS AND THEIR FAMILIES

GROUP INSURANCE—REQUEST FOR CHANGE OF BENEFICIARY

PLEASE PRINT IN INK OR TYPE ALL ANSWERS, AND INITIAL ANY CHANGES YOU MAKE ON THIS FORM

1. Member Information:

FULL NAME: LAST _____ **FIRST** _____ **INITIAL** _____

STREET ADDRESS _____

CITY _____

STATE (OR PROVINCE) _____ **ZIP CODE** ☐☐☐☐☐-☐☐☐☐

SOCIAL SECURITY #: ☐☐☐-☐☐-☐☐☐☐

MEMBERSHIP #: _____

PHONE NUMBERS:
( ) _____ HOME
( ) _____ WORK

2. Membership Information:

Group Policyholder: Trustee of the Institute of Electrical and Electronics Engineers Life Insurance Plan

Group Policy No.(s): ☐ **G-8100-1 [** ☐ **Term Life Only** ☐ **Level Term Life to Age 65 Only** ☐ **Both]**

☐ **G-29133 [10-Year Term Life]** ☐ **G-29215-0 [20-Year Level Term Life]** ☐ **G-29053 [Permanent Whole Life]**

Group Certificate No.: _____

3. Request for Change of Beneficiary:

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.

Check if Applicable	NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS
☐ My Life				

	NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS
☐ My Spouse's Life				

4. Report of Change of Name:

I hereby request that the records kept in connection with the group policy(ies) indicated above reflect the following change of name of the insured or beneficiary as shown below:

Check if Applicable:

☐ **Insured**

☐ **Beneficiary**

☐ **My Spouse's Beneficiary**

From: _____

To: _____

Date of Change: _____/_____/_____
MO DAY YR

Signature X _____ **Date** _____
(Signature of Insured Member or Surviving Spouse)

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

Signature X _____ **Date** _____