



GROUP INSURANCE BENEFICIARY FORM

Insured _____ Cert No. _____

Employer _____ Group Policy No. _____

The present beneficiary designation for proceeds payable on the death of the Insured under the above certificate of insurance is terminated and the following designation made:

PRIMARY BENEFICIARY(IES)

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

SECONDARY BENEFICIARY(IES): I wish the following to receive proceeds **only** if the primary beneficiary(ies) stated above all die before the insured:

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

THIRD BENEFICIARY(IES): I wish the following to receive proceeds **only** if the primary and secondary beneficiary(ies) stated above all die before the insured:

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Name _____ Relationship _____ % _____

Address _____ Soc. Sec. No _____

Must Total 100% _____

Unless otherwise provided, all beneficiaries in a class who survive the Insured shall share the death benefit equally, and no beneficiary in a subsequent class shall receive payment unless all beneficiaries in the preceding class have predeceased the Insured.

This Designation is subject to the following checked (x) paragraph:

() Deferred Survival – If any beneficiary designated shall survive the Insured but shall die before the _____ day (not to exceed 90 days) after the death of the Insured (exclusive of the date of death), proceeds shall be paid in the same manner as if the beneficiary had predeceased the Insured.

() *Payment of a minor Child's Share to Trustee – Any payment which becomes due a child under the age of twenty-one shall be made to _____, (s)he currently resides at _____ as Trustee under a Trust Agreement dated _____.

* This option cannot be selected unless a legal Trust Agreement has been entered into by you and the elected Trustee in advance of the Trustee being named in this form. Security Mutual Life will not accept this designation unless the date of the Trust Agreement appears on this form.

This Designation is subject to the conditions printed on the reverse side hereof.

SIGNATURE AND DATE REQUIRED FOR PROCESSING

Dated at _____ this _____ day of _____, _____
 City and State

Witness

Certificateholder

Spouse, if resident of a community property state (see Page 2)

Insureds: Do Not Write Below This Line

For Company use only:

Original filed with the Security Mutual Life Insurance Company of New York on

(Date) _____ (Signature)