



Structured Settlement Unit
P.O. Box 30112
Tampa, FL 33633-1210

Change of Beneficiary Request Form

If you need assistance, please contact the Service Area toll free at 1-855-469-5772

Instructions for Completing this Form:

- Percentages for both primary and contingent beneficiaries must equal 100%
- If naming a Trust as the beneficiary, please provide pages of the Trust that include the Trust name, Trust date, and the Trustee(s)' name(s) and signature(s)
- If more space is needed, please attach additional page(s)
- Please mail, fax, or email a scan of the completed form to the address on the back of this form

1. Policy Information: *(You must have 1 out of 3 to successfully make this change)*

Policy # (Begins with FP or 77)	Year Policy Purchased	Have your payments started: Yes or No
		If yes, what was your last payment amount? \$

2. About the Annuitant/Payee:

Last Name	First Name	Middle Initial
Social Security # (Last 4)	Date of Birth - -	Email Address
Street Address	City, State, Zip Code	

3. Primary Beneficiary(ies):

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

Over

Rev 2020

4. Contingent Beneficiary(ies) (if applicable):

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

Last Name	First Name	Middle Initial
Social Security #	Phone # ()	Date of Birth - -
Street Address	City, State, Zip Code	
Relationship to Annuitant/Payee	Percentage (Share)	

The above-named beneficiaries replace all previous beneficiary designations for this Policy. Upon the death of the Annuitant/Payee, New York Life will pay the applicable death benefit proceeds or remaining periodic payments in equal percentages (if no other percentage is above stated) to the surviving primary beneficiaries. If no primary beneficiaries survive, New York Life will pay the surviving contingent beneficiaries in equal percentages (if no other percentage is above stated). If one or more of the primary beneficiaries (or contingent beneficiaries, if applicable) predeceases the other primary beneficiaries (or contingent beneficiaries, if applicable), the surviving primary beneficiaries (or contingent beneficiaries, if applicable) shall split the deceased beneficiary's share equally. If no primary or contingent beneficiaries are alive at the time of the Annuitant/Payee's death, New York Life will pay the Annuitant/Payee's estate.

5. Required Signature(s) – Your signature confirms that all information on this form is correct.

X _____
Annuitant/Payee signature Date

X _____
Joint annuitant signature (if applicable) Date

Please mail, fax, or email a scan of the completed form to us as noted below. Should you have any questions, please do not hesitate to contact us.

NYL - Structured Settlements
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