

**VOLUNTEER FIREFIGHTERS' DIVISION
STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
485 MADISON AVENUE
NEW YORK, NY 10022**

BENEFICIARY DESIGNATION

Fire Department Name _____ Social Security _____

Name of Member/Participant _____ Date of Birth _____

GROUP LIFE

SERVICE AWARD

ACCIDENT & SICKNESS

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

Primary Beneficiary (ies)

Name	Relationship	Percentage

Percentage must total 100%

Secondary Beneficiary (ies)

Name	Relationship	Percentage

Percentage must total 100%

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

I reserve the right to change this designation at any time.

Address of Member/Participant

Signature of Member/Participant

Date Signed

** Please print clearly.

General Conditions of Designation

This Designation of Beneficiaries may be changed by filling a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor, if Service Award Program). Where more than one Primary Beneficiary has been designated, Distribution will be made in equal amounts, unless otherwise indicated. Among those Primary Beneficiaries who are alive at the time of the member's/participant's death, if the designated Primary Beneficiary is not alive at the time of the member's/participant's death, he or she share will be added to the share of each surviving Primary Beneficiary in proportion that the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member/participant's death, Distribution will be made on the same basis to designated Secondary Beneficiaries.