



POLICY SERVICES DEPARTMENT  
333 WESTCHESTER AVENUE • NEW YORK, NY 10604-2910

REQUEST FOR  
**CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME**

PLEASE TYPE OR PRINT

EMPLOYEE SOCIAL SECURITY NO.	EMPLOYER/COMPANY NAME	POLICY NO. <b>26NVO2</b>
EMPLOYEE/INSURED'S Name & Address	(Last)	(First) (Middle Initial)
Street		
City, State, Zip		

**BENEFICIARY CHANGE**

**PRIMARY**

Name	Relationship	Address
1.		
2.		

**CONTINGENT**

Name	Relationship	Address
1.		
2.		

**CHANGE OF NAME**

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DATE \_\_\_\_\_, 20\_\_\_\_ SIGNATURE X \_\_\_\_\_

FOR INSURANCE COMPANY'S USE ONLY - ACKNOWLEDGEMENT OF CHANGE		
The recording of the change(s) requested above is hereby acknowledged.	Date Recorded	Policy Services Department
		Initials