

ECURITY (PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM)

(PRINT OR TYPE IN BLACK INK AND IN CAPITAL LETTERS)

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ADDITIONAL BENEFICIARY(IES): List any additional beneficiaries below. (Beneficiaries listed below will be primary unless otherwise indicated). CONTINGENT BENEFICIARY FIRST NAME LAST NAME OF BENEFICIARY ΜI BENEFICIARY ADDRESS APT.# CITY DATE OF BIRTH *O O 1FF1[[[+ STATE ZIP CODE TELEPHONE NUMBER RELATIONSHIP CONTINGENT BENEFICIARY FIRST NAME ΜI LAST NAME OF BENEFICIARY BENEFICIARY ADDRESS APT.# CITY RELATIONSHIP 'DATE OF BIRTH *O O 1FF1[[[+ STATE ZIP CODE TELEPHONE NUMBER CONTINGENT BENEFICIARY LAST NAME OF BENEFICIARY FIRST NAME ΜI

INSTRUCTIONS FOR COMPLETING THE CHANGE OF BENEFICIARY FORM

APT.#

CITY

RELATIONSHIP

DATE OF BIRTH TO O IF F I [[+

This form provides you with an opportunity to designate a beneficiary or beneficiaries for the Death Benefit.

PLEASE NOTE THE FOLLOWING:

BENEFICIARY ADDRESS

STATE

ZIP CODE

You must fill in your PID number or Social Security correctly.

TELEPHONE NUMBER

- Complete all information regarding your beneficiary(ies); name, full address, telephone number and relationship.
- Sign and date the Change of Beneficiary Form and keep a copy of this notarized form for your file.
- Your signature on the Change of Beneficiary Form must be notarized at the time you sign it.
- Only you can change your beneficiary designation. Any change by Power of Attorney is invalid.
- Change of Beneficiary Form received without signature, date, or notarization is invalid.

Please note that this completed and notarized Change of Beneficiary Form will designate who receives your Death Benefit. No changes will be made until a new completed and notarized form is received at the following address:

DC 37 Health and Security Plan 125 Barclay Street, Room 811 New York, N.Y. 10007 **Attn: Eligibility Enrollment Unit** Fax:(212) 298-9880

Divorce from your spouse or domestic partner will not change your designation. If you do not wish your former

It is your responsibility to keep all information on this form up to date.

spouse or domestic partner to receive your death benefit, you must fill out a new Change of Beneficiary Form.