



333 Westchester Avenue • White Plains, NY 10604-2910 • 914-367-5000

POLICY SERVICES DEPARTMENT
REQUEST FOR
CHANGE OF BENEFICIARY AND/OR CHANGE OF NAME

PLEASE TYPE OR PRINT

INSURED'S SOCIAL SECURITY NO.	POLICY HOLDER'S NAME (EMPLOYER/UNION)		POLICY NO.
INSURED'S Name	(Last)	(First)	(Middle Initial)
Street Address			
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