



## DESIGNATION OF BENEFICIARY

Received by BMUST on: \_\_\_\_\_  
(To Be Filled in by BMUST Office)

To the Bellmore-Merrick United Secondary Teachers Benefit Fund:

I, \_\_\_\_\_, nee \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Full Name Print Maiden Name

School: \_\_\_\_\_ Department: \_\_\_\_\_ Title: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

hereby designate the person(s) listed below as my beneficiary(ies), to whom I hereby direct the Bellmore-Merrick United Secondary Teachers Benefit Fund, in the event of my death prior to retirement, to pay the Death Benefit allowable on my account (should I die in service, as a **Member of BMUST**) in the amount of two thousand, five hundred dollars (\$2,500).

**If you choose to split payment amongst multiple beneficiaries please skip directly to Option 2.**

### OPTION 1: PRIMARY BENEFICIARY:

**Name:** (please print) \_\_\_\_\_  
Last Name First Name Middle Initial

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OPTION 2: PRIMARY BENEFICIARIES (SPLIT):

**First Beneficiary:** (please print) \_\_\_\_\_  
Last Name First Name Middle Initial

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(continued)

**Second Beneficiary:** (please print) \_\_\_\_\_  
Last Name First Name Middle Initial  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Third Beneficiary:** (please print) \_\_\_\_\_  
Last Name First Name Middle Initial  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTINGENCY BENEFICIARIES:**

I hereby direct that should I survive the before-mentioned beneficiary(ies), the amount which otherwise would have been payable to the beneficiary(ies) deceased shall be payable to my contingent beneficiary, as I shall hereafter nominate by written designation filed with the Bellmore-Merrick United Secondary Teachers in accordance with the rules and regulations prescribed by said Death Benefit Fund. I reserve the right to change any designated beneficiary at any future time without the consent of the beneficiary.

**Contingency Beneficiary:** (please print) \_\_\_\_\_  
Last Name First Name Middle Initial  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Insured BMUST Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PLEASE SIGN, DATE, AND RETURN THIS FORM TO THE BMUST OFFICE.***

**Revised Form: January 2020**