



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.