

Bellmore-Merrick United Secondary Teachers

Brookside School
1260 Meadowbrook Road
North Merrick, NY 11566
(516) 992-1068

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(s), 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 the death benefit among multiple people, please skip line 1 and move on to line 2.

1. Full Name of Beneficiary: _____
Print Last Name First Name Middle Initial

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Insured: _____ Date of Birth: ____/____/____

Instead of one beneficiary, please split this death benefit among the following people:

2. Full Name of 1st Beneficiary: _____
Print Last Name First Name Middle Initial

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Insured: _____ Date of Birth: ____/____/____

See other side.

Please sign & date the last line on the back of this form and return it to the BMUST Office.

Full Name of 2nd Beneficiary: _____
Print Last Name First Name Middle Initial

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Insured: _____ Date of Birth: ____/____/____

Full Name of 3rd Beneficiary: _____
Print Last Name First Name Middle Initial

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Insured: _____ Date of Birth: ____/____/____

I hereby direct that should I survive a before-mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary deceased shall be payable to my contingent beneficiary(s) 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.

3. Full Name of 1st Contingent Beneficiary: _____
Print Last Name First Name Middle Initial

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Relationship to Insured: _____ Date of Birth: ____/____/____

Full Name of 2nd Contingent Beneficiary: _____
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.