## VOLUNTEER FIREFIGHTERS' DIVISION STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK 485 MADISON AVENUE NEW YORK, NY 10022

## BENEFICIARY DESIGNATION

Fire Department Name Union Co	enter Fire Company, Inc	Social Security See note at bottom
Name of Member/Participant		Date of Birth
$\square$ GROUP LIFE	☐ SERVICE AWARD	☐ ACCIDENT & SICKNESS
I hereby designate as Primary Benef	iciary and Secondary Benefici	iary:
	Primary Beneficiar	ry (ies)
Name	Relationship	Percentage
<u> </u>		Percentage must total 100%
	Secondary Beneficia	ry (ies)
Name	Relationship	Percentage
		Percentage must total 100%
New York Insurance Law Section 42 uniformed firemen, volunteer firefig of its officials as beneficiary of bene	hters or volunteer ambulance	workers, the commanding officer, or any
I reserve the right to change this desi	ignation at any time.	
	Address of Member/Participa	ant
	Signature of Member/Partici	pant
	Date Signed	
** Please print clearly.		

## **General Conditions of Designation**

This Designation of Beneficiaries may be changed by filling a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor. If Service Award Program). Where more than on Primary Beneficiary has been designated. Distribution will be made in equal amounts. Unless otherwise indicated. Among those Primary Beneficiaries who are alive at the time of the member's/participant's death. I the designated Primary Beneficiary is not alive at the time of the member's/participant's death. He or she share will be added to the share of each surviving Primary Beneficiary in proportion that the share of each surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member/participant's death. Distribution will be made on the same basis to designated Secondary Beneficiaries.

Note: Union Center Fire Company will provide identifying information, as necessary.