



Please complete form and send to:
REAGIT Group Insurance Program Administrator
1200 East Glen Avenue • Peoria Heights, IL 61616-5348

BENEFICIARY FORM
NEW YORK LIFE INSURANCE COMPANY

INSTRUCTIONS - Type or print clearly in ink. Complete fully and return this form to the Plan Administrator for recording in accordance with the group policy. Please use a new form instead of making erasures or corrections.

If you are changing your beneficiary from a presently designated trustee beneficiary, please submit evidence that the Trust Instrument permits a change.

SAMPLES OF POPULAR BENEFICIARY DESIGNATIONS ARE SHOWN ON THE NEXT PAGE.

Name of Association: REAL ESTATE APPRAISERS GROUP INSURANCE TRUST
Group: Policy#: G-13777-0
Insured Member's Name: ID No.

REQUEST FOR CHANGE OF BENEFICIARY

I hereby designate the person or persons below as beneficiary for the life insurance specified above, revoking any other beneficiary designation and optional method of settlement election for such insurance, such change to be effective in accordance with the terms and conditions of the group policy.

MEMBER BENEFICIARY

NAME SOCIAL SECURITY RELATIONSHIP ADDRESS
(first, middle initial & last) NUMBER

PRIMARY

Three horizontal lines for primary member beneficiary information.

CONTINGENT

Three horizontal lines for contingent member beneficiary information.

SPOUSE BENEFICIARY

NAME SOCIAL SECURITY RELATIONSHIP ADDRESS
(first, middle initial & last) NUMBER

PRIMARY

Three horizontal lines for primary spouse beneficiary information.

CONTINGENT

Three horizontal lines for contingent spouse beneficiary information.

Dated: 20 Signature of Owner*

Phone Number: e-mail address:

Recorded on behalf of New York Life, subject to the terms and conditions of the group policy.

By: Dated: 20

* If owner is not the insured member, a different beneficiary designation form must be used, call administrator for assistance.

Popular Beneficiary Designations

(A married woman should be designated by her first name, middle initial and last name. For example, Mary J. Smith, not Mrs. Thomas A. Smith.)

(If your beneficiary is not related to you by blood or marriage, "business associate", "partner", or other economic relationship should be inserted; otherwise, insert "non-relative".)

- | | |
|--|---|
| 1. One beneficiary only: | Mary J. Smith, wife. |
| 2. Two or more beneficiaries, equal amounts | William S. Smith, father,
Alice C. Smith, sister and
Richard B. Smith, brother,
Equally or to the survivors equally, or
to the survivor. |
| 3. Unequal amounts: | 50% to Mary J. Smith, wife and
25% each to Alice C. Smith, sister and
Richard B Smith, brother,
the share of any deceased beneficiary
to be paid in equal shares to the
survivors, or to the survivor. |
| 4. Primary and contingent beneficiary: | Mary J. Smith, wife, if living; otherwise
the children born of the marriage of the
insured to Mary J. Smith, equally, or
equally to the survivors, or to the
survivor. |
| 5. Trustee beneficiary:

(For Living Trusts only,
if Trust is a Testamentary Trust,
established by a Last Will and
Testament, then a different form
must be used to designate the
beneficiary, call
administrator for assistance.) | The Trust Company of Smith,
Illinois as trustee under a Trust
Instrument dated
December 29, 1967. |