



Dear Member,

The following is a Change of Beneficiary Form for your ABE Group Accidental Death and Dismemberment Insurance Plan - G-11461.

All beneficiary designations must be done in a percentage amount and not a dollar amount; if a dollar amount is listed the form will be returned to you to list the percentage amounts.

If you are naming the Trust under your Last Will and Testament you must contact our office for special forms.

Complete the form as stated and return to the American Bar Endowment at:

American Bar Endowment
321 N. Clark St.
Chicago, IL 60610-5209

Popular Beneficiary Designations

1. One beneficiary only: Mary J. Smith, wife, 100%.
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: The Trust Company of Smith, Illinois as trustee under the Trust instrument dated December 29, 1967.

321 North Clark Street • Chicago • Illinois • 60610-5209

toll-free: 1-800-621-8981 • phone: (312) 988-6400 • fax: (312) 988-6401 • e-mail: information@abendowment.org
Web site: www.abendowment.org

Accidental Death and Dismemberment Insurance

Attention Residents of:

Alaska, Arizona, Colorado, Hawaii, Michigan, Missouri, Montana, New Mexico, North Dakota, Ohio,
Oregon, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington

Special Instruction for Completing a Change of Beneficiary Form:
Designation of a Former Spouse

If your designation of a revocable beneficiary of your Accidental Death and Dismemberment Insurance proceeds named a former spouse, please be aware of state insurance law specific to this situation:

A revocable life insurance beneficiary designation of a former spouse is rendered ineffective, unless there is a court order or divorce decree provisions evidencing that the designation was intended to survive the divorce.

Supplement to G-6X: AK, AZ, CO, HI, MI, MO, MT, NM, ND, OH, OR, PA, SD, TX, UT, VA, WA 5/03

ABE

**GROUP INSURANCE – REQUEST FOR CHANGE
NEW YORK LIFE INSURANCE COMPANY**

INSTRUCTIONS – Type or print clearly in ink. Complete fully and return this form to the Policyholder. The endorsed copy will be returned to you for your files. 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 such a change.

Samples of popular beneficiary designations are shown on the reverse side.



Group Policyholder American Bar Endowment Group Policy No. G-11461-

Group Policy - holder's address 321 N. Clark Street Chicago, Illinois 60611

Name of Insured _____ Certificate Holder ID No. _____

CHECK IF APPLICABLE

REQUEST FOR CHANGE OF BENEFICIARY

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

BENEFICIARY'S NAME (first, middle initial & last)	SOCIAL SECURITY NUMBER	RELATIONSHIP	ADDRESS	% OF PROCEEDS
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For Member's Life

For Spouse's or Surviving Spouse's Life

CHECK IF APPLICABLE

**REPORT OF CHANGE OF NAME
(Do NOT complete if requesting only a Change of Beneficiary)**

I hereby request that the records kept in connection with the group policy reflect the following change of name of the member, spouse, or beneficiary, as shown below:

FROM: _____ TO: _____

Member
DATE OF CHANGE: _____

Member's Beneficiary

Surviving Spouse

Spouse's or Surviving Spouse's Beneficiary

Dated _____ 20____ Signature of Insured Member
(or Surviving Spouse if Member is deceased) _____

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

By _____ Date _____ 20____