

Primary member: Please include a copy of your driver's license, along with your completed/signed application.

Please complete/sign this form and return to us via:

- Mail to: 2500 Westchester Avenue, Suite 411, Purchase, NY 10577, Attention: Operations
- Fax to: (914) 641-3730, Attention: Operations

**Please Note: Do not use this form for beneficiary changes to IRA Savings or IRA Term accounts. Please call (800) 874-5544 or (914) 641-3700, Monday through Friday, 8:30 a.m. - 7:00 p.m. ET to obtain the appropriate form for changes to these accounts.**

### PRIMARY MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	DOB

**WHAT WOULD YOU LIKE TO DO?** Please choose ONE of the following options.

- NEW/REPLACE BENEFICIARY(IES):** I designate the individual(s) or entity(ies) named below as my primary and/or contingent beneficiary(ies) and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ADD BENEFICIARY(IES):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies). This list supplements, but does not replace the beneficiary(ies) previously designated by me.

When adding beneficiaries, if the percentage share of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding percentage share.

### PRIMARY BENEFICIARY INFORMATION

Be sure to indicate the suffix(es) below. If you do not, we will apply your beneficiary designation(s) to all current accounts maintained within this membership. Social Security numbers are required for all beneficiary(ies).

LAST NAME	FIRST NAME	MI	ADDRESS	DOB	SSN	RELATIONSHIP	SUFFIX	SHARE %
			STREET CITY STATE+ZIP					
			STREET CITY STATE+ZIP					
			STREET CITY STATE+ZIP					

### CONTINGENT BENEFICIARY INFORMATION (Required in the event that no primary beneficiary survives you.)

LAST NAME	FIRST NAME	MI	ADDRESS	DOB	SSN	RELATIONSHIP	SUFFIX	SHARE %
			STREET CITY STATE+ZIP					
			STREET CITY STATE+ZIP					
			STREET CITY STATE+ZIP					

Designation of Beneficiary(ies): The individual(s) listed above shall be my beneficiary(ies). If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a prorated basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

**My (Our) signatures(s) confirm(s) I (we) have read and understand the disclosure above.**

PRIMARY MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_