



**Please list any additional Primary beneficiaries:**

3. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

4. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

**Please list any Contingent Beneficiary(ies) (again, a Contingent Beneficiary(ies) will receive the proceeds if your Primary Beneficiary(ies) predeceases you.)**

1. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

2. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

3. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

4. \_\_\_\_\_  
First Name MI. Last Name Relationship

\_\_\_\_\_  
Home Address City State Zip Birth date

**If you have named more than one Contingent beneficiary, please indicate one of the following:**

\_\_\_\_\_ Share and share alike. \_\_\_\_\_ Share and share alike, survivor or survivors.

For "share and share alike," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the named joint beneficiaries, including the estate of any beneficiary who had predeceased you. For "share and share alike, survivors or survivor," the proceeds of this insurance would be divided equally, or by percentage if indicated, among the joint beneficiaries, excluding the estate of any joint beneficiary who had predeceased you. If you wish any other special arrangement for the distribution of the proceeds of this insurance, please give the details in a separate, signed and witnessed letter.

**If you have used this side of the form to designate additional beneficiaries, please sign, have witnessed and date:**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Please have an adult witness sign here  
(witness cannot be a named beneficiary)

\_\_\_\_\_  
Date

**Please return this original form to Medical Trust Member Services, 445 Fifth Avenue, New York, NY 10016**