

Update Beneficiary Designation by Completing This Authorization

General Tips for Completing a Beneficiary Designation Form

Use the Beneficiary Designation Form when updating the Policy beneficiaries. The following instructions will guide you through the process of completing the form to update the beneficiary designation on your Policy.

Apply this Beneficiary Designation to the following policy(s)

List all Policies for which you are applying beneficiary designations.

1. Policyowner's Information

Complete the Policyowner's Information section.

2. Beneficiary Designation

Complete this section with the information of the person(s) who will be the beneficiary(s). If more than one individual is named a primary and/or contingent beneficiary, unspecified shares will be paid equally. If more than one individual is named a primary and/or contingent beneficiary, the specified shares must add to 100 percent.

3. Authorization to Apply Beneficiary Designation

The Policyowner must sign and date this section.

Submitting the Authorization for Processing

After completing the form, you may submit it to NTA Life in one of the following ways:

Mail: P.O. Box 802207, Dallas, TX 75380
Email: support@ntalife.com
Fax: (866) 639-2777

National Teachers Associates Life Insurance Company NTA Life Insurance Company of New York		Questions? Call 1-888-671-6771 NY 1-855-682-5433		
		Beneficiary Designation Form Complete this form for beneficiary designations. Submit the form as outlined below. This form must be completed by the policyowner.		
Apply this designation to the following applicable policy(s):				
POLICY #	POLICY #	POLICY #	POLICY #	
1 POLICYOWNER INFORMATION				
POLICYOWNER'S NAME		SOCIAL SECURITY NUMBER		
ADDRESS				
PHONE NUMBER	EMAIL		<i>By providing my email address, I authorize the Company to communicate with me electronically.</i>	
2 BENEFICIARY DESIGNATION				
If more than one individual is named as a beneficiary, benefits will be paid in equal shares to the individuals listed, unless indicated otherwise. Contingent beneficiaries only receive benefits if the Primary Beneficiary(s) does not survive you. Please be aware that if you choose to name a minor as a beneficiary, state law may dictate certain requirements that must be met prior to payment of benefits. Satisfaction of these requirements could delay claim payment. If you need space for additional beneficiaries, complete the information on another copy of this form. If multiple forms are received on the same day, they will be treated as one form.				
PRIMARY	FIRST	MI	LAST	%
	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PRIMARY INSURED	
	ADDRESS			
<input type="radio"/> Primary <input type="radio"/> Contingent	FIRST	MI	LAST	%
	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PRIMARY INSURED	
	ADDRESS			
<input type="radio"/> Primary <input type="radio"/> Contingent	FIRST	MI	LAST	%
	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PRIMARY INSURED	
	ADDRESS			
<input type="radio"/> Primary <input type="radio"/> Contingent	FIRST	MI	LAST	%
	SOCIAL SECURITY NUMBER		RELATIONSHIP TO PRIMARY INSURED	
	ADDRESS			
3 AUTHORIZATION TO APPLY BENEFICIARY DESIGNATION				
If no beneficiary survives the Insured, the proceeds will be paid as provided in the policy(s). If no such provision is made in the policy(s), then proceeds will be paid to the Estate of the Insured. Unless otherwise stated in the policy(s), the Policyowner reserves the right to change the beneficiary designation without the beneficiary's consent. The requested change will become a part of the policy(s). Unless otherwise stated in the policy(s), any new beneficiary designation shall take effect on the date the change is recorded by the Company, thereby revoking all prior beneficiary designations, with exception of any payment the Company made or other action taken before receiving the request.				
By signing below, I acknowledge, understand, and agree to the terms of this Beneficiary Designation Form as noted above.				
POLICYOWNER'S SIGNATURE		DATE		
Submit completed form to our Administrative Office Mail: P.O. Box 802207, Dallas, TX 75380 Fax: 866-639-2777 E-mail: support@ntalife.com				
<small>75-437 (3/23)</small>				

National Teachers Associates Life Insurance Company | NTA Life Insurance Company of New York

If you have any questions regarding the completion of this form, please contact our Customer Service Center, toll-free, at **1.888.671.6771** or **1.855.682.5433** (New York Residents).



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POLICY #	POLICY #	POLICY #	POLICY #
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POLICYOWNER'S NAME	SOCIAL SECURITY NUMBER
ADDRESS	
PHONE NUMBER	EMAIL
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PRIMARY	FIRST MI LAST %
	SOCIAL SECURITY NUMBER RELATIONSHIP TO PRIMARY INSURED
	ADDRESS
<input type="radio"/> Primary <input type="radio"/> Contingent	FIRST MI LAST %
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