

Chairperson
 Imogene V. Jones
Trustees
 Jennifer L. Murphy
 Anthony Distefano
 Brian Hamerman
 Juanita Jordan
 Irene Laracuenta
 J.T. Lydon
 Donna Orr
 Renee Sealey

New York State Court Clerks Association

Security Benefits Fund

170 Duane Street, New York, NY 10013
 Office: (212) 941-5700 Fax: (212) 941-5705
 www.nyscour clerks.org



Change of Beneficiary Form

Member's Last Name	Member's First Name	Member's SSN (last 4 digits)	
Member's Mailing Address	Apt. No.	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
City	State	Zip	Member's Date of Birth MM / DD / YY

I hereby name as my beneficiary, to receive benefits, if any, payable upon my death from NYSCCA, Security Benefit Fund

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Social Security No.	
Beneficiary's Mailing Address	Apt. No.	Beneficiary's Date of Birth MM / DD / YY	
City	State	Zip	Relationship to member

In the event of death of the above-named beneficiary, I hereby name as my contingent beneficiary (ies), to receive the benefits, if any payable upon my death from the NYSCCA, Security Benefit Fund

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Social Security No.	
Beneficiary's Mailing Address	Apt. No.	Beneficiary's Date of Birth MM / DD / YY	
City	State	Zip	Relationship to member / %

Beneficiary's Last Name	Beneficiary's First Name	Beneficiary's Social Security No.	
Beneficiary's Mailing Address	Apt. No.	Beneficiary's Date of Birth MM / DD / YY	
City	State	Zip	Relationship to member / %

I certify that the information given is correct.

Member's Signature: _____ Date: _____

Please Complete and sign the form in the presence of a notary public and return all documents to the Fund Office. Upon receipt, we will give our prompt attention

State of: _____ County of: _____ SS# _____
 On this _____ day of _____ 20____, personally appeared before me the said
 Named _____, to me known and know to me to be the person described in and who executed the foregoing instrument
 and _____ acknowledged that _____ executed same and being duly sworn by me made oath that the statement contained herein are true.

Notary's Signature: _____

Notary's Stamp:

Date: MM / DD / YY

Mail completed forms to:

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