

**Chairperson**  
*Glenn L. Damato*  
**Trustees**  
*Brian Hamerman*  
*Robert Byrnes*  
*G.J. McGreevy*  
*Irene Laracuenta*  
*Donna Orr*  
*James Shields*  
*Michael Stein*  
*John Stubbs*

# 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.nyscourtclerks.org



### Change of Beneficiary Form

Member's Last Name		Member's First Name		Member's Social Security No.	
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.	
Member'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.	
Member'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.	
Member'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.

Beneficiary'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:**  
 \_\_\_\_\_

**Date:** MM / DD / YY

**Notary's Stamp:**

**Mail completed forms to:**

**New York State Court Clerks Association**  
**170 Duane Street, New York, NY 10013**  
**Office (212) 941-5700 – FAX (212) 941-5705**