McNeil&Co.

DEFINED BENEFIT ENTITLEMENT DOCUMENTS CHECKLIST

Service Award Plan Name _____

Deceased Member _____

Member Address _____

City _____ **State** _____ **Zip** _____

Dear Trustees:

Please check one of the following options

☐ **The above member has earned credit for 20__**

☐ **The above member has not earned credit for 20__**

_____
Trustee Signature

The following items should be completed and returned to:

Marcey Miller
LOSAP Administrator
McNeil and Company
20 Church Street
PO Box 5670
Cortland, NY 13045

- ☐ **Original signed Beneficiary Designation form**
- ☐ **Certified Copy of Death Certificate**
- ☐ **Claimants form**

McNeil&Co.

SERVICE AWARD PROGRAM
BENEFICIARY DESIGNATION

Fire Department Service Award Name: _____ Social Security # _____

Name of Member/Participant: _____ Date of Birth: _____

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

**** Please print clearly. All blanks must be filled in.**

Primary Beneficiary(ies)

Name and Address	Relationship	D.O.B.	Social Security #	Percentage %

Percentage must total 100%

Secondary Beneficiary(ies)

The Beneficiary(ies) who will receive the proceeds if the Primary Beneficiary has pre-deceased the Participant.

Name and Address	Relationship	D.O.B.	Social Security #	Percentage %

Percentage must total 100%

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

_____
Address of Member/Participant

_____
Signature of Member/Participant

_____
Date Signed

General Conditions of Designation

This Designation of Beneficiaries may be changed by filling out a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor if Service Award Program). Where more than one Primary Beneficiary has been designated, distribution will be made in equal amounts among those Primary Beneficiaries who are alive at the time of the member's/participant's death, unless otherwise indicated. If the designated Primary Beneficiary is not alive at the time of the member's/participant's death his or her share will be added to the share of each surviving Primary Beneficiary in proportion to the share that each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member's/participant's death. Distribution will be made on the same basis to designated Secondary Beneficiaries.

McNeil&Co.

Length of Service Award Death Distribution Form

PLAN NAME: _____

Participant Information:

Name: _____ **SS#**_____ **Date of Birth:** _____
First, Middle, Last Name

Mailing Address: _____

_____

City: _____ **State:** _____ **Zip**_____

Beneficiary/Claimant:

Name: _____ **SS#**_____ **Date of Birth:** _____
First, Middle, Last Name

Mailing Address:_____

_____

City: _____ **State:** _____ **Zip**_____

Day phone: ( ) _____ Evening Phone: ( ) _____

Signature of Beneficiary/Claimant: _____

Income Tax Withholding:

_____ ☐ **Do not withhold federal income tax from my distribution**

_____ ☐ **Withhold 20% federal income tax or _____% from my distribution**