

CST Benefit Fund

2 CRIMSON WAY STE. 1
PLATTSBURGH, N.Y. 12901
(800) 269-3723
(518) 561-2937



MEMBERSHIP PERSONAL INFORMATION CHANGE FORM

Use this form to change

- Name • Address • Phone Number
- Email • Facility • Beneficiary

Member _____

Facility _____ Social Security No. _____

Complete the areas that apply to you and return original signed and dated change form to:

CST BENEFIT FUND
2 CRIMSON WAY STE. 1
PLATTSBURGH, N.Y. 12901

Beneficiary Change

I hereby revoke all previous beneficiary designations and methods of settlement under my membership, and request that upon the death of the Member the proceeds be paid in one sum to:

Primary Beneficiary(ies) [equally or to the survivor(s)]

Full Name(s)	S.S./Tax I.D.#	Birthdate(s)	Relationship(s)
_____	_____	_____	_____

Address: _____

Address: _____

**and, if no such Primary Beneficiary survives the Insured, proceeds shall be paid to:
Contingent Beneficiary(ies) [equally or to the survivor(s)]**

Full Name(s)	S.S./Tax I.D.#	Birthdate(s)	Relationship(s)
_____	_____	_____	_____

Address: _____

Address: _____

Other _____

I make this beneficiary election subject to the conditions and provisions of my membership. I reserve the right to change the beneficiary or to change or to revoke this election at any time during the continuance of the membership.

Name Change Email Phone Number

Please change the name of Member Facility

From: _____ To: _____

The above change is due to _____

Mailing Address

Name of Member _____

New Mailing Address _____
