

Plan Administration, Ltd.
580 Hazard Avenue
Enfield, Connecticut 06082
860-272-1135 pal-ltd.com

ASSIGNMENT OF GROUP LIFE INSURANCE

Insured _____ Cert No. _____

Employer _____ Group Policy No. _____

All right, title and interest of the undersigned to the life insurance benefit in the above numbered group policy, including the right to change the beneficiary and the right to exercise the conversion privilege, if any, are given and transferred to

Name: _____

Address: _____ Zip Code _____

Social Security or Tax Identification No.: _____

CONDITIONS OF THIS ASSIGNMENT

The Insurance Company assumes no responsibility for the use of any money by any trustee named herein and is released from all liability in making payments in accordance with the designation of the trustee.

The Insurance Company does not assume any responsibility for the validity of this Agreement. Any payment made or action taken by the Insurance Company prior to the filing of this Assignment at the Home Office of the Insurance Company shall be without prejudice to the Insurance Company.

This Assignment, when filed with Insurance Company, shall become effective as of its date of execution.

Dated at _____ this _____ day of _____

Certificateholder

Witness

Beneficiary