

THE UNITED STATES LIFE Insurance Company In the City of New York
A USLIFE COMPANY
ABSOLUTE ASSIGNMENT

1. I assign, as a gift to:

ASSIGNEE

RELATIONSHIP

ASSIGNEE'S ADDRESS

CITY

STATE

ZIP

all right, title, interest and incidents of ownership, both present and future, relating to my Life Insurance and Accidental Death and Dismemberment Insurance, if any, under:

Group Policy No(s): _____ issued by United States Life to: _____
_____ (the "Group Policyholder/Participating Employer").

- 2. I understand that the Group Policyholder/Participating Employer and United States Life assume no obligation as to the validity or sufficiency of this assignment.
- 3. I affirm that I have not been declared bankrupt and that no proceedings to declare me bankrupt are pending.

Signed: _____ Date: _____
OWNER (EMPLOYEE, MEMBER, ETC.)

Witness: _____ Date: _____

We acknowledge that this assignment has been filed at our home office.

The United States Life Insurance Company
In the City of New York

By: _____

Title: _____

PLEASE INDICATE IN THE BOX ON THE LEFT YOUR EMPLOYER'S NAME AND ADDRESS.