



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 the Insurance Company, shall become effective as of its date of execution.

Dated at _____ this _____ day of _____, 19 _____.

Certificateholder

Witness

Beneficiary

Original filed with the Security Mutual Life Insurance Company of New York of Binghamton.

New York on _____

INSTRUCTIONS

Use a separate form for each certificate. Complete in duplicate. Please print.

Give complete name and address of each Assignee.

If certificate is assigned to a trustee, give date of trust agreement. (Ex. ABC Bank of New York, New York, trustee, under trust agreement dated _____.)

Spouse of Certificateholder residing in a community property state must sign this form.

Beneficiary, if presently irrevocable, must sign this form.