



The Company You Keep®

### GROUP MEMBERSHIP ASSOCIATION TRANSFER OF OWNERSHIP AND BENEFICIARY DESIGNATION

Group Policyholder: American Medical Association Group Insurance Trust \_\_\_\_\_ Group Policy No.: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

By signing below, I transfer all rights of ownership for the named Insured in the subject Certificate of Insurance to the new owner(s) identified below. I also revoke any prior beneficiary designation and designate the new owner(s) as beneficiary(ies), subject to the Group Policy's terms and conditions and the rules and regulations of New York Life. If the new owner is a Trust, New York Life reserves the right to request a copy of the Trust document.

**For multiple new owners, additional Trustees, or to designate a survivor owner (if the new owner predeceases the insured), attach a separate page with the requested identifying information<sup>1</sup>.**

#### New Owner and Beneficiary (Complete if New Owner is a Natural Person)

Name _____ <small>(First) (Middle) (Last)</small>	Relationship to Insured _____
Date of Birth ____/____/____ <small>(MM/DD/YYYY)</small>	Social Security (Tax ID) Number ____-____-____ Phone Number _____ <small>(Area Code) (Number)</small>
Address _____ <small>(Street) (City) (State) (Zip)</small>	

#### New Owner and Beneficiary (Complete if New Owner is a Trust or Business) Please check one: Revocable Trust Irrevocable Trust

Trustee/Corporate Officer Name (title) _____ <small>(First) (Middle) (Last)</small>	Date of Birth ____/____/____ <small>(MM/DD/YYYY)</small>	Social Security Number ____-____-____	Phone Number _____ <small>(Area Code) (Number)</small>
Address _____ <small>(Name of Business, if applicable) (Street) (City) (State) (Zip)</small>			
Trustee/Corporate Officer Name (title) _____ <small>(First) (Middle) (Last)</small>	Date of Birth ____/____/____ <small>(MM/DD/YYYY)</small>	Social Security (Tax ID) Number ____-____-____	Phone Number _____ <small>(Area Code) (Number)</small>
Address _____ <small>(Name of Business, if applicable) (Street) (City) (State) (Zip)</small>			
<b>As Trustee(s) under</b> (Enter Name of Trust) _____			
Trust Dated ____/____/____ <small>(MM/DD/YYYY)</small>	Trust Tax ID (if available) _____	Relationship of trust beneficiary(ies) to Insured _____	

I understand that (1) this instrument shall not take effect until recorded on behalf of New York Life, and once recorded, the transfer will take effect as of the Authorizing Signature date, subject to the Group Policy's terms and conditions; (2) neither the Policyholder nor New York Life assumes responsibility for the tax or other effects of this transaction, other than as provided in the Group Policy; (3) this instrument shall not apply to, or have any effect on, any insurance for which the Insured may become eligible following a termination of insurance under this Certificate and a subsequent re-enrollment; (4) any payroll deduction authorization or other arrangement under which the Insured may have agreed to pay contributions under this Certificate is no longer applicable; (5) if the New Owner is a trust, the trustee(s) has full authority to pay premiums and the Trust Agreement contains no limitations regarding the ownership of insurance policies; and (6) if the New Owner is a revocable trust, I acknowledge and agree that until the trustee provides written notice to the insurer of his/her intent to revoke the trust, the insurer may process all Certificate transactions solely upon the signature of the trustee(s) and shall not be liable to any person or entity in the event the trust is revoked prior to its receipt of written notice of revocation of the trust.

#### AUTHORIZING SIGNATURE (Insured Member/Current Owner):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

RECORDED ON BEHALF OF NEW YORK LIFE By \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to AMA Insurance 330 N Wabash Suite 39300 Chicago IL 60611. Assistance is available by calling 800-458-5736 Monday – Friday 8am and 5pm, Central Time.

<sup>1</sup> If there are multiple New Owners, rights of ownership will pass jointly to the survivor(s) unless the words "jointly in common" are written after the name of each New Owner who is natural person. If a new owner predeceases the insured and no survivor owner is designated, ownership will revert to the former insured owner.