



The Company You Keep®

### GROUP MEMBERSHIP COLLATERAL ASSIGNMENT OF INSURANCE BENEFITS FORM

Group Name: American Medical Association Group Insurance Trust Group Number: \_\_\_\_\_

Insured or Non-Insured Owner's/ (Assignor) Name: \_\_\_\_\_ Certificate/ Policy Number: \_\_\_\_\_  
(First) (M.I.) (Last)

Assignee Name \*: \_\_\_\_\_  
(First) (M.I.) (Last)

**\* If the assignee is a corporation, include name of corporation, and a corporate officer name and title**

Assignee Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Having no other existing assignment of my rights or benefit under the subject insurance, and having no proceedings in insolvency or bankruptcy instituted by or against me:

I assign to the Assignee, its successor and assigns, all right, title and interest in whatever proceeds have accrued or may hereafter accrue under the subject insurance to repay all indebtedness owed to the Assignee. The balance of proceeds to be paid to the Beneficiary last designated by me prior to the date said insurance proceeds become payable, in the proportions specified in said designation.

I authorize New York Life Insurance Company to pay said benefits to the Assignee in accordance with the applicable terms of the Group Policy.

I understand that New York Life shall have no responsibility to notify the Assignee of the termination of the Insured's insurance under the Group Policy.

\_\_\_\_\_  
**Signature of Insured or Non-Insured Owner (Assignor)** **Date**

I, the Assignor's spouse, consent to the above transaction.  
*(Required in Community Property States of AZ, CA, ID, LA, NV, NM, TX, WA & WI)*

\_\_\_\_\_  
**Signature of Spouse** **Date**

**RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.**

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 between 8am and 5pm Central Time.



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