

**Absolute Assignment to Trust**Please read instructions on page 3 before completing and executing this form.

Group Life Insurance Program ("Pr	rogram") of	
Insured's Social Security No.	_// Name of Insured	
	Insured's Phone Nur	
	Group Certificate No. (if known)	
Has a Continued Protection (Waiver	of Premium) claim been approved for the insured	d? ☐ Yes ☐ No
Please Read the Following Section The spouse of the assignor should shis/her spouse, AND the assignor Arizona, California, Idaho, Louisiana	sign below <b>IF</b> the assignor is making an assignm is a resident of one of the following communa, Nevada, New Mexico, Puerto Rico, Texas, Watconsent to this assignment and waive and release	nent to a person other than nity property jurisdictions: ashington, Wisconsin.
property rights in and to the subject	matter of the assignment.	
Print or Type Name of Spouse	Signature of Spouse	Date
I Hereby Assign, As A Gift, To:		
Name of Trustee(s)	·	Trustee Phone Number
Address of Trustee(s)		
` '	e(s) under	
	Title of A consensation	
THE DITVIEUE OF ODIBILITIA BIT ITICIVIA	executed by me and by said Trustee(s) all right, iture, relating to the insured's group life insure to make any requisite contributions for the coveral policy of life insurance on the insured's lithe Program, to change the beneficiary and/or ettlement option.	IIG. IIIG HUIII. IV IIIG GAIGH
· · ·	sting coverages assigned under the insurance the same or another insurance company provessor Program provided by the Employer.	e policy (policies) and any viding insurance under the
Sign your name only by the line of co	overage(s) you intend to assign.	
Basic Life Insurance, if any	Accidental Death and Dismemberment	Insurance, if any
Supplemental Life Insurance, if any	Supplemental Accidental Death and Dis	smemberment Insurance, if any
Survivor Monthly Income Benefits, if any	Voluntary Accidental Death and Dismen	mberment Insurance, if any
It is understood and agreed that nei sufficiency of this assignment and accepted by the Program and MetLife	ither MetLife nor the Program assume any obliq that the assignment will not be binding upon e.	gation as to the validity or them until filed with and
Dated at	in the State of thisda	ny of,
	State Day	IVIOTILIT TEAT
Name of Assignor/Owner	Name of Witness	
Signature of Assignor/Owner	Signature of Witness	

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## **Absolute Assignment to Trust**

Date \_\_\_\_\_

Designation of Trustee(s) as Beneficiary			
Effective as of the date of this assignment, the undersigned hereby (1) revoke(s) any previous beneficiary designation pertaining to the Group Policy, and (2) revocably designate(s) as beneficiary thereunder said Trustee(s) and successor(s) in trust, as Trustee(s) under the aforementioned trust agreement.			
	elication or disposition of any payment made to it pursuant to II discharge of the insurer's liability with respect to the Plan.		
(For Individual Trustee(s) Only)	(For Corporate Trustee Only)		
Name of individual trustee	Name of corporate trustee		
	By:		
Signature of individual trustee Date	Date		
Name of individual transfer	_ Title		
Name of individual trustee			
Signature of individual trustee Date	-		
To Be Completed By Employer	To Be Completed By MetLife		
Ву	Ву		
Title	Title		

Date \_\_\_\_\_

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## INSTRUCTIONS

- Do not erase or attempt to make corrections. Use a new form.
- ▶ MetLife must receive the form within 60 days of when the assignor/owner signs and dates the form.
- ► This form only applies to coverages insured by MetLife.
- Gift assignments are not permitted as collateral security or for value.
- Unless and until the assignee designates a new beneficiary, any existing beneficiary designation on file at the time the assignment is made will remain on record and the life insurance proceeds will be paid accordingly upon receipt of a properly supported claim.
- ► The following definitions may be helpful in completing your assignment form.

**Assignment:** Is the <u>irrevocable</u> transfer by an assignor/owner to an assignee of all right, title, interest and incidents of ownership, both present and future, relating to

the assigned Group Life insurance coverage.

Assignor/Owner: An individual or entity who assigns all right, title, interest and incidents

of ownership of an insured's Group Life insurance coverage. The

assignor/owner is the owner of the coverage.

Assignee: The individual or entity to whom a transfer of all right, title, interest and

incidents of ownership of an insured's Group Life insurance coverage is

made.

The absolute assignment of a life insurance certificate has legal and tax implications. The assignor/owner may want to consult with a personal legal or tax advisor. Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any information included in or related to this form is for general informational purposes only and should not be considered legal or tax advice. You should consult with and rely on your own legal and tax advisors.

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