

(Print) Name of Insured: \_\_\_\_\_

SBLI "Case" Number(s), if any: \_\_\_\_\_

Address of \_\_\_\_\_

SBLI Policy number(s): \_\_\_\_\_

New Owner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby absolutely assign effective during the Insured's lifetime to:

(Enter name(s) and relationship to Insured)

\_\_\_\_\_ all my right title and interest in each of the above policies, including such sums as may become payable or available thereunder as dividends, cash surrender value, loan value and any other benefits which would otherwise accrue to the Insured during the Insured's lifetime; and without limiting the generality of the foregoing, specifically meaning to include herein the right to change the beneficiary and to sell, pledge and reassign and to exercise any and every right, option or election to which the Insured may be entitled under each such policy either by its terms or by the operation of law, whether described as belonging to the Insured or to the policyholder or otherwise, retaining for the Insured no incidents of ownership. It is agreed that if said Absolute Owner shall die during the Insured's lifetime and said Absolute Owner has not reassigned the policy(ies), then the assignment for each such policy shall become null and void and all right, title and interest under each such policy shall then revert to and vest in the Insured.

I hereby request that SBLI waive any requirement that this change be endorsed on the policy. I agree that the change herein requested shall be assumed to become effective without such endorsement, and I further agree that acknowledgment of receipt of this form by SBLI shall be construed as a waiver of the requirement of any such endorsement without further acknowledgment or notice by it.

I certify under penalties of perjury that the number shown is my taxpayer identification number and that I am not subject to backup withholding.

New Assignee Social security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_

Signature of NEW Assignee

Signed at \_\_\_\_\_

City and State

\_\_\_\_\_

Date

X \_\_\_\_\_

Signature of OLD Owner:  Insured  Assignee

- NAMES MUST BE FULL FIRST NAME, MIDDLE INITIAL AND FULL LAST NAME.
- CONTACT SBLI IF YOU HAVE ANY QUESTIONS OR IF YOUR NEW ASSIGNMENT ARRANGEMENT IS MORE COMPLEX THAN THAT ALLOWED FOR ABOVE.
- OLD OWNER/ASSIGNEE AND NEW ASSIGNEE MUST BOTH SIGN ABOVE.

MAIL THE COMPLETED FORM TO:

SBLI CUSTOMER SERVICE  
P. O. BOX 4046  
WOBURN, MA 01888

Tel. 800-795-7254

DO NOT SEND YOUR POLICY(IES) WITH THIS REQUEST

WHEN PROCESSED, AN  
ACKNOWLEDGED COPY  
WILL BE SENT TO YOU  
FOR YOUR RECORDS.

FOR OFFICE USE ONLY

Date request received

By:

Recorded by:

Date: