



The United States Life Insurance Company in the City of New York
New York, New York

Administrative Offices: Attn: Client Services 3-A, P.O. Box 1583, Neptune, NJ 07754-1583

I HEREBY ASSIGN, AS A GIFT, TO

ASSIGNEE

RELATIONSHIP

ADDRESS CITY STATE ZIP

all right, title, interest, and incidents of ownership, both present and future, to my

- Life Insurance
- Accidental Death and Dismemberment Benefits

under

GROUP POLICY NO.(S). _____

issued to _____

hereinafter referred to as the Group Policyholder and under Certificate No(s). _____ issued by The United States Life Insurance Company In the City of New York.

It is understood that by means of this assignment the beneficiary of record is changed so that the assignee becomes the beneficiary. If such assignee elects to designate another beneficiary, such change must be made on a form satisfactory to The United States Life Insurance Company In the City of New York.

It is further understood that the said Group Policyholder and The United States Life Insurance Company In the City of New York assume no obligation as to the validity or sufficiency of this assignment.

It is further understood that I have not been declared a bankrupt and that no proceedings to declare me a bankrupt are pending.

In WITNESS WHEREOF, I have hereunto set my hand and seal this day of _____, _____ YEAR

Signed, sealed and delivered in the presence of

WITNESS (OTHER THAN PROPOSED ASSIGNEE)

OWNER (EMPLOYEE, MEMBER, ETC.)

The United States Life Insurance Company
In the City of New York

By: _____

Title: _____

YEAR

PLEASE INDICATE IN THE BOX ON THE LEFT THE ADMINISTRATOR'S NAME AND ADDRESS