



The Company You Keep®

GROUP MEMBERSHIP ASSOCIATION
TRANSFER OF OWNERSHIP AND BENEFICIARY DESIGNATION

Group Policyholder: _____ Group Policy No.: _____

Insured Name: _____ Member ID 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 information¹.

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

Name _____ Relationship to Insured _____
Date of Birth ____/____/____ Phone Number _____
Address _____

New Owner and Beneficiary (Complete if New Owner is a Trust or Business)

Trustee/Corporate Officer Name (title) _____
Date of Birth ____/____/____ Phone Number _____
Address _____
Trust Dated ____/____/____ Trust Tax ID (if available) _____

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or other arrangement under which the Insured may have agreed to pay contributions under this Certificate is no longer applicable; (5) if the New Owner is a trust, the trustee(s) has full authority to pay premiums and the Trust Agreement contains no limitations regarding the ownership of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 OMA Insurance at P.O. Box 365 Stn Waterloo, Waterloo ON N2J 4A4. Assistance is available by calling 1.800.458.1641 between 8 a.m. and 8 p.m. ET, Monday through Friday.]

¹ 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.