



**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.

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

Name _____		Relationship _____		to Insured _____	
(First)	(Middle)	(Last)			
Date of Birth _____/_____/_____	Social Security Number _____ - _____ - _____		Phone Number _____		
(MM/DD/YYYY)			(Area Code)	(Number)	
Address _____					
(Street)	(City)	(State)	(Zip)		

New Owner and Beneficiary (Complete if New Owner is a Trust or Business) Please check one: Revocable Trust Irrevocable Trust

Trustee/Corporate Officer Name (title) _____					
(First)	(Middle)	(Last)	(Title, if a business)		
Date of Birth _____/_____/_____	Social Security Number _____ - _____ - _____		Phone Number _____		
(MM/DD/YYYY)			(Area Code)	(Number)	
Address _____					
(Name of Business, if applicable)	(Street)	(City)	(State)	(Zip)	
Trustee/Corporate Officer Name (title) _____					
(First)	(Middle)	(Last)	(Title, if a business)		
Date of Birth _____/_____/_____	Social Security (Tax ID) Number _____ - _____ - _____		Phone Number _____		
(MM/DD/YYYY)			(Area Code)	(Number)	
Address _____					
(Name of Business, if applicable)	(Street)	(City)	(State)	(Zip)	
As Trustee(s) under (Enter Name of Trust) _____					
Trust Dated _____/_____/_____			Trust Tax ID (if available) _____		
(MM/DD/YYYY)			Relationship of trust beneficiary(ies) to Insured	_____	

Add A Successor Owner

The new Owner has the right to name a Successor Owner. The Successor Owner will become the new Owner if the New Owner dies before the Insured.

Terms

A Successor Owner becomes the new Owner when the Owner dies. The Successor Owner designation terminates automatically if ownership is transferred, if a new Successor Owner is named, or if the Successor Owner dies before the Owner. When New York Life records the designation of a Successor Owner, it will take effect as of the date this notice was signed, subject to any payment made or other action taken by New York Life before recording. The Successor Owner may be changed or revoked at any time by the Owner.

_____ (Successor Owner's Name)		_____ (Relationship to Insured)		_____ (Phone Number)	
_____ (Street Address)			_____ (City, State, Zip Code)		
_____ (Successor Owner's Social Security Number – Required)			_____ (Successor Owner's Date of Birth)		

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 of any kind with respect to 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 may 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 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.

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 1.800.758.1641 between 8 a.m. and 8 p.m. ET, Monday through Friday.