



Group Life/Accident Insurance
Assignment of Benefits
(For Assignment To A Trust)

Before Completing This Form, Read "Important Information"
Do Not Erase or Attempt To Make Corrections -- Use A New Form

Important
This form is being furnished as an accommodation and should be reviewed by the Assignor with his or her personal attorney before completion.

Gift Absolute Assignment to Trustee

(including Designation of Beneficiary by Assignee and Spouse Waiver for Assignment of Group Insurance Benefits)

Group Life Insurance Plan of AFA Veteran Benefits Association

Insured's Name (Print or Type) Insured's SSN

Has a Continued Protection (Waiver of Premium) claim been approved for the insured? Yes No

Spouse Waiver for Assignment of Group Life Benefits
(To Be Completed If Applicable)

Please Read the Following Section Carefully:

The spouse of the assignor should sign below IF the assignor is making an assignment to a person other than his/her spouse, AND the assignor is a resident of one of the following community property jurisdictions: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin.

Marital Status*: () Married () Divorced

*Please Note: If, as part of a divorce decree, the assignor has been ordered to assign the ownership of the Group Life Insurance benefit(s) to the former spouse, the former spouse must complete this or an appropriate waiver if the assignor assigns to someone other than the former Spouse.

I, spouse of the assignor, hereby consent to this assignment and waive and release any and all community property rights in and to the subject matter of the assignment and to any member contributions thereto, now and hereafter made from community funds.

X (Signature of Spouse) (Name of Spouse - Please Print) (Date)

I Hereby Assign, as a gift, all right, title, interest and incidents of ownership, both present and future, relating to the insured's coverage: [sign your name only by the line of coverage(s) you intend to assign]:

Decreasing Term Life Insurance (Policy #4570-G1)

Level Term Life Insurance (Policy #4571-G1)

Accidental Death Insurance (Policy #4606-G1)

Under the Plan, including but not limited to the right to make any requisite contributions under said Plan, the privilege of obtaining an individual policy of life insurance on the insured's life, the right, to the extent permissible under the provisions of the Plan, to change the beneficiary and/or the contingent beneficiary, and the right to elect any available settlement option to:

[Print or Type Name of Trustee(s)]

(Address)

And successor(s) in trust, as Trustee(s) under _____
Title of Agreement

Dated _____, executed by me and by said Trustee(s). This assignment relates to the existing coverage assigned under the insurance policy(ies) and any replacement or substitute policy of the same or another insurance company providing insurance under the Plan, and any amended or successor Plan provided by the AFA Veteran Benefits Association. If you receive a replacement or substitute policy, you should consult with your tax advisor to determine its impact, if any, on your taxes, including any estate tax implications.

It is understood and agreed that this assignment will be of no effect whatsoever, nor binding upon the AFA Veteran Benefits Association or the present insurer under the Plan until copies of this form have been signed by the AFA Veteran Benefits Association and the present insurer, but when signed, will relate back and take effect as of the date of my signature below.

It is further understood and agreed that the AFA Veteran Benefits Association and the present insurer assume no obligation as to the validity or sufficiency of this assignment for any purpose whatsoever.

Dated at _____ in the State of _____
this _____ day of _____, _____.
(Date) (City) (Month) (Year) (Name of Assignor – Print or Type)

(Signature of Witness)

(Signature of Assignor)

Designation of Trustee(s) as Beneficiary

Effective as of the date of this assignment, the undersigned hereby revoke (1) any previous beneficiary designation pertaining to the Group Policy, and (2) revocably designate as beneficiary thereunder said Trustee(s) and successor(s) in trust, as Trustee(s) under the aforementioned trust agreement.

The insurer shall not be responsible for the Trustee's application or disposition of any payment made to it pursuant to this designation and the receipt of said Trustee shall be full discharge of the insurer's liability with respect to the Plan.

For Individual Trustee(s) Only

For Corporate Trustee Only

Signature of Individual Trustee

Name of Corporate Trustee

Signature of Individual Trustee

By: _____

(Date)

Title: _____

Date: _____

To Be Completed by AFA Veteran Benefits Association

To Be Completed by MetLife

By _____

By _____

Title _____

Title _____

Date _____

Date _____

IMPORTANT INFORMATION FOR ASSIGNING INSURANCE BENEFITS

- Do not erase or attempt to make corrections on this form – if you make an error, use a new form.
- AFA Veteran Benefits Association must submit the form to MetLife. MetLife must receive the form within 60 days of the date the assignor signs and dates the form.
- This form only applies to MetLife/ AFA Veteran Benefits Association coverage. The Assignor must fill in “N/A” (Not Applicable) in all the coverage lines that are:
 - (a) any coverage the assignor does not intend to assign; and or
 - (b) any coverage the assignor does not have.

If any coverage lines are left blank, MetLife will assume the assignor does not intend to assign that coverage and/or does not have the right to assign that coverage.

➤ **Spouse Waiver for Assignment of Group Life Benefits:**

Under community property law, spouses have an ownership interest in one half of income earned or property acquired during the marriage. Therefore, spousal consent may be necessary to assign Group Life insurance benefits to someone other than the spouse. Assignors and their spouses should contact their own legal counsel for guidance pertaining to assignment of Group Life insurance benefits.

- 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.
- Beneficiary designations by the assignee must be revocable.
- The beneficiary designated must comply with the definition of an eligible beneficiary as defined by the Group Life or Accident Policy.
- You may find the following definitions helpful in completing your assignment form:

Assignment: Is the irrevocable transfer by an assignor to an assignee of all right, title, interest and incidents of ownership, both present and future, relating to the assigned Group Life or Accident insurance coverage.

Assignor: An individual or entity who assigns all right, title, interest, and incidents of ownership of an insured’s Group Life or Accident insurance coverage. The assignor 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 or Accident insurance coverage is made.

- If the policy prohibits assignments, use the appropriate assignment form containing the Waivers and Consents section.