

Absolute Assignment and Beneficiary Designation - Life



Please check all that apply:

Group Term Life and Accidental Death and Dismemberment* Stand-Alone Accidental Death and Dismemberment (Stand-Alone)*

* **Absolute Assignments Exclude Accidental Dismemberment Benefits**

Name of Insured: _____ Social Security Number _____

Name of Plan Administrator/Policyholder: _____ Group Policy Number(s) _____ ("Policy")

Assignment

I hereby assign, transfer and set over absolutely unto: _____
(Name of Assignee)

Address _____ City _____ State _____ Zip Code _____

all my right, title and interest thereunder including, but not limited to, the conversion privilege and the right to exercise all other options and privileges under the terms of the Policy, or any successor policy of Group Insurance, all without my consent and without notice to me. I understand that, if the above Assignment is made pursuant to a viatical settlement, it only applies to my Group Life Insurance under the Policy, it does not apply to any other coverage under the Policy, including Accidental Death and Dismemberment coverage and dependent coverage under the Group Life policy or Accidental Death and Dismemberment coverage under the Stand-Alone policy. I have previously executed an Irrevocable Beneficiary Designation, which is still valid Yes No If "Yes", please attach a Release From the Irrevocable Beneficiary.

Signature of Employee _____ Date _____

STATE OF _____

COUNTY OF _____ } SS.

On this the _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same in the capacity indicated and for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

NOTARY PUBLIC _____

My commission expires: _____

The acknowledgment must be made before a duly authorized officer under his/her seal; or, if made before an officer having no seal, his/her signature must be duly authenticated by a certificate from a court record.

If you are married and reside in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin, and if you are making assignment to someone other than your spouse, then your spouse must consent to this assignment by signing the statement below. Certain tribal jurisdictions may also require spousal consent.

I hereby agree to the above assignment and waive any community property or Uniform Marital Property Act (UMPA) rights that I may have in the subject of this assignment.

Signature of Spouse _____ Date _____

STATE OF _____

COUNTY OF _____ } SS.

On this the _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same in the capacity indicated and for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

NOTARY PUBLIC _____

My commission expires: _____

The acknowledgment must be made before a duly authorized officer under his/her seal; or, if made before an officer having no seal, his/her signature must be duly authenticated by a certificate from a court record.

Assignee's Beneficiary Designation (must be completed and signed by Assignee[s])

I understand that if I have been assigned all right, title, and interest under the policy pursuant to a viatical settlement, the beneficiary designation below only applies to Group Life Insurance coverage under the Group Life Policy only and does not apply to Accidental Death and Dismemberment or dependent coverage under the Group Life policy. I hereby elect to maintain the Insured's current beneficiary designation Yes No

If "No", I hereby designate _____ as my beneficiary under the Policy.

Address _____ City _____ State _____ Zip Code _____

Signature of Assignee _____ Date _____

Signature of Assignee _____ Date _____

Consent

The Policyholder (Print Name) _____, hereby consents to this assignment.

Title of Authorized Representative of Policyholder _____

Signature of Authorized Representative of Policyholder _____ Date _____

Acknowledgment

Acknowledged by the Insurance Company on _____, _____, and duplicate filed with administrative records pertaining to the insurance, the Insurance Company, however, assumed no responsibility as to the validity or effect of this assignment.

The Hartford Insurance Company

By: Name _____ Title _____

Instructions for Completing the "Absolute Assignment and Beneficiary Designation" Form


- Assignment Section (To be completed by Employee/Insured and spouse, if applicable).
- Assignee's Beneficiary Designation Section (To be completed by the Assignee).
- Consent Section (To be completed by the Policyholder/Employer).
- Upon completion of the Assignment and Beneficiary Designation sections, the Employee/Insured must return this form to the Policyholder/Employer.
- Upon completion of this form by the Policyholder/Employer, the original of this form and any attachments must be mailed to:

The Hartford
Group Life Claims Unit
P.O. Box 14299
Lexington, KY 40512-4299

NOTE: The entire package will be returned to the Policyholder/Employer, if form is not properly completed, or is missing any required items.

- Name and address of the Person or Entity to whom all rights, title and interests under the Policy are being assigned
- Employee/Insured indicates "Yes" if he/she has a valid Irrevocable Beneficiary Designation under the Life Policy or "No" if this is not the case. If the Employee/Insured designated an Irrevocable Beneficiary prior to this Absolute Assignment, the Irrevocable Beneficiary must provide notarized release agreeing to this Assignment. The release must state: "I hereby agree to the Assignment above and waive any rights that I may have in the subject of this Assignment."
- Employee/Insured's signature and date signed must be made in the presence of a Notary Public.
- IMPORTANT:** If the Employee/Insured is married and resides in a community property state (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) and this Assignment is to someone other than his/her spouse, the Employee/Insured' spouse must sign and date this section of the form in the presence of a Notary Public. Note that certain tribal jurisdictions may also require spousal consent.
- Assignee indicates "Yes", to maintain Employee/Insured's prior beneficiary designation. If "No", the Assignee must designate a new beneficiary.
- Assignee indicates the Name and Address of the designated beneficiary:
 - The Assignee(s) can name more than one beneficiary
 - The beneficiary(ies) can be a person or entity, i.e., a Trust.
 - The Assignee(s) can name themselves beneficiary(ies).
- Assignee must sign and date. If interests under the policy are assigned to more than one Assignee:
 - Each Assignee must sign the "Assignee's Beneficiary Designation" section.
 - If Assignee is a Trust, all Trustees must sign the "Assignee Beneficiary Designation" section.
 - If Assignee is a Trust, the word "Trustee" must appear as part of the handwritten signature.
- Indicate the name of the Authorized Representative of the Policyholder/Employer and Title
- Signature of the Authorized Representative of the Policyholder/Employer and date of signature.

NOTE: Sections with an * are to be completed by a Notary Public.



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Please check all that apply:

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**Absolute Assignments Exclude Accidental Dismemberment Benefits*

Name of Insured: _____ *Employee's Name* Social Security Number _____ *Employee's SSN*

Name of Plan Administrator/Policyholder: _____ *Policyholder's Name* Group Policy Number(s) _____ *Hartford's Policy Number(s) ("Policy")*

Assignment

I hereby assign, transfer and set over absolutely unto: ^① Person or Entity to whom all rights, title and interests under the Policy are being assigned
(Name of Assignee)

Address _____ City _____ State _____ Zip Code _____

all my right, title and interest thereunder including, but not limited to, the conversion privilege and the right to exercise all other options and privileges under the terms of the Policy, or any successor policy of Group Insurance, all without my consent and without notice to me. I understand that, if the above Assignment is made pursuant to a viatical settlement, it only applies to my Group Life Insurance under the Policy, it does not apply to any other coverage under the Policy, including Accidental Death and Dismemberment coverage and dependent coverage under the Group Life policy or Accidental Death and Dismemberment coverage under the Stand-Alone policy. I have previously executed an Irrevocable Beneficiary Designation, which is still valid Yes No. If "Yes", please attach a Release From the Irrevocable Beneficiary.

Signature of Employee _____ ^③ *Employee's Signature* Date _____

STATE OF _____ *
COUNTY OF _____ * } SS.

On this the _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ * known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same in the capacity indicated and for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

NOTARY PUBLIC _____ *
My commission expires: _____ *

The acknowledgment must be made before a duly authorized officer under his/her seal; or, if made before an officer having no seal, his/her signature must be duly authenticated by a certificate from a court record.

^④ If you are married and reside in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin, and if you are making assignment to someone other than your spouse, then your spouse must consent to this assignment by signing the statement below. Certain tribal jurisdictions may also require spousal consent.

I hereby agree to the above assignment and waive any community property or Uniform Marital Property Act (UMP) rights that I may have in the subject of this assignment.

Signature of Spouse _____ Date _____

STATE OF _____ *
COUNTY OF _____ * } SS.

On this the _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ * known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same in the capacity indicated and for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

NOTARY PUBLIC _____ *
My commission expires: _____ *

The acknowledgment must be made before a duly authorized officer under his/her seal; or, if made before an officer having no seal, his/her signature must be duly authenticated by a certificate from a court record.

Assignee's Beneficiary Designation (must be completed and signed by Assignee[s])

I understand that if I have been assigned all right, title, and interest under the policy pursuant to a viatical settlement, the beneficiary designation below only applies to Group Life Insurance coverage under the Group Life Policy only and does not apply to Accidental Death and Dismemberment or dependent coverage under the Group Life policy. I hereby elect to maintain the Insured's current beneficiary designation ^⑤ Yes No

^⑥ If "No", I hereby designate _____ *Name of beneficiary or Entity designated by the Assignee* as my beneficiary under the Policy.

Address _____ City _____ State _____ Zip Code _____

Signature of Assignee _____ Date _____

^⑦ Signature of Assignee _____ Date _____

Consent

The Policyholder (Print Name) _____ *Name of Policyholder*, hereby consents to this assignment.

^⑧ Title of Authorized Representative of Policyholder _____

^⑨ Signature of Authorized Representative of Policyholder _____ *Signature of Policyholder* Date _____

Acknowledgment

Acknowledged by the Insurance Company on _____, _____, and duplicate filed with administrative records pertaining to the insurance, the Insurance Company, however, assumed no responsibility as to the validity or effect of this assignment.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.