



Life Insurance Company of Boston & New York
(LICOBNY)
277 North Avenue, Suite 200
New Rochelle, NY 10801

ABSOLUTE ASSIGNMENT OF DISABILITY INSURANCE

Group Policy No.: _____ Certificate No.: _____

Policyholder: _____

I, the undersigned, hereby irrevocably assign, transfer and set over all my right, title, interest, benefits and privileges under the above described policy and certificate and any renewals thereof, including all right to change the beneficiary and any conversion privilege thereunder, to

(hereinafter called the Assignee)

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____, 20_____.

(LS)

State of _____
County of _____
On this _____ day of _____, 20_____, before me
personally appeared _____ and acknowledged the fore-going assignment
as his free act and deed.

(Notary Public)

Consent to the foregoing assignment is hereby granted, but without assuming any responsibility for its validity or any obligation to notify the assignee of any rights or privileges which the assignee may have under the policy.

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK

Date: _____ Approved by: _____

(TO BE COMPLETED IN DUPLICATE)

Please return completed form to Group Plan Administrator:
Charles J. Sellers & Co., Inc.
P.O. Box 460, 4300 Camp Road, Athol Springs, NY 14010