



SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK

SECURITY MUTUAL BUILDING • 100 COURT STREET
P.O. BOX 1625 • BINGHAMTON, NEW YORK 13902
(607) 723-3551 • (800) 346-7171 • www.smlny.com

Assignment of Life Insurance Proceeds

Security Mutual Life Insurance Company of New York ("Security Mutual") may, in its discretion, accept an Assignment of Life Insurance Proceeds in the form attached, provided:

1. Security Mutual has received a properly completed claim form, original death certificate, policy (or lost policy certification) and any other documents requested in the claims handling process.
2. The amount of the policy proceeds appears to be sufficient to cover the amount assigned.
3. Security Mutual's Assignment of Life Insurance Proceeds (form no. 0013437XX) is properly completed, signed and notarized. Security Mutual will not accept an assignment from a Trust, Estate or a minor.
4. Security Mutual must receive the signed claim forms, Assignment of Life Insurance Proceeds form and death certificate by mail. It is not sufficient to submit forms solely by fax or email.
5. When a claim occurs in the first two policy years the policy may not be assigned.

Should you have any questions or if discussion would be helpful, please call the Security Mutual Claim Department at 1-800-846-6305.



Assignment of Life Insurance Proceeds

The furnishing of this form, or of any forms supplemental thereto, by Security Mutual Life Insurance Company of New York ("Security Mutual") shall not constitute nor be considered an admission by Security Mutual of liability, nor a waiver of any of Security Mutual's rights or defenses.

Policy No. _____ ("Policy") on the life of _____ ("Insured")

FOR VALUE RECEIVED, I, the undersigned, a beneficiary under the Policy issued by Security Mutual on the life of the Insured, do hereby assign, set over and transfer to the Assignee the total sum of *\$ _____; such sum to be apportioned equally among the beneficiaries signing this form unless otherwise stipulated below:

(Assignee - Organization to which proceeds are assigned (Funeral Home, Funding Company, etc.))

(Street Address)

(City, State, Zip)

Beneficiary a) \$ _____

Beneficiary b) \$ _____

Beneficiary c) \$ _____

Beneficiary d) \$ _____

Total sum *\$ _____

If the total sum above exceeds the itemized bill of the Assignee, Security Mutual will not accept this Assignment.

From the proceeds due me under the Policy, I hereby instruct Security Mutual to pay the Assignee the amount stated above; such payment to the Assignee will be the same as if the payment were made directly to me.

I agree to and hereby do indemnify and hold harmless Security Mutual, its officers, directors, employees, policyholders and agents, for all costs, including reasonable attorney's fees, for defense or payment of any claims brought by or on behalf of any third party regarding the payment of proceeds under the Policy, or any further actions Security Mutual may take in connection with the Policy in accordance with my requests.

(a) _____
Signature of Beneficiary (a)

Date

Name: _____

Primary Telephone No.: _____ Cell Phone No.: _____ E-Mail Address: _____

Address: _____

(b) _____
Signature of Beneficiary (b)

Date

Name: _____

Primary Telephone No.: _____ Cell Phone No.: _____ E-Mail Address: _____

Address: _____

(c) _____
Signature of Beneficiary (c)

Date

Name: _____

Primary Telephone No.: _____ Cell Phone No.: _____ E-Mail Address: _____

Address: _____

(d) _____
Signature of Beneficiary (d) _____ Date _____

Name: _____

Primary Telephone No.: _____ Cell Phone No.: _____ E-Mail Address: _____

Address: _____

State of _____ }
County of _____ } SS.:

On the _____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said State,
personally appeared (a) _____, (b) _____, (c) _____,
beneficiary (a) beneficiary (b) beneficiary (c)

(d) _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s)
beneficiary (d)
whose name(s) is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity for himself/herself
as beneficiary, and that by his/her signature on the instrument, he/she executed the instrument.

Notary Public
My Commission Expires _____