



GROUP MEMBERSHIP COLLATERAL ASSIGNMENT OF RELEASE FORM

**Owner Information:**

Name:		Social Security Number (Last 4 digits):	
Address:			
City:	State:	Zip:	
Group Policyholder Name:		Group Policy Number/Certificate Number:	

**Assignee Information \* If the assignee is a corporation, include name of corporation, and a corporate officer name and title:**

Name:		
Address:		
City:	State:	Zip:

\_\_\_\_\_, the Assignee of the Insured's benefits under the subject Group Policy through and by reason of a collateral assignment, hereby releases all rights under said assignment.

\_\_\_\_\_  
Signature of Assignee (if Corporate Officer, include title and name of Corporation)

\_\_\_\_\_  
Date

**RECORDED ON BEHALF OF NEW YORK LIFE, subject to the terms and conditions of the group policy.**

By \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to** AMA Insurance 330 N Wabash Suite 39300 Chicago IL 60611. Assistance is available by calling 800 458-5736 between 8am and 5pm Central Time.