

**Absolute Assignment and Beneficiary Designation - Life**



Group Term Life     Stand-Alone Accidental Death and Dismemberment (Stand-Alone) **(Please check all that apply)**

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: \_\_\_\_\_  
(Street) (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. 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 \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Signature of Assignee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Assignee \_\_\_\_\_ Date \_\_\_\_\_

**Consent**

The Policyholder (Name) \_\_\_\_\_ hereby consents to this assignment.

Name of Authorized Representative of Policyholder \_\_\_\_\_

Title 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.

Hartford Life Insurance Company  Hartford Life and Accident Insurance Company

By: Name \_\_\_\_\_ Title \_\_\_\_\_


The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

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

1. Name and address of the person or entity to whom all right, title and interest under the policy are being assigned.
2. 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."
3. Employee/insured's signature and date signed must be made in the presence of a Notary Public.
4. **IMPORTANT:** If the employee/insured is married and resides in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, 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.
5. Assignee indicates "Yes," to maintain employee/insured's prior beneficiary designation. If "No," the assignee must designate a new beneficiary.
6. Assignee indicates the Name and Address of the designated beneficiary:
  - a. The assignee(s) can name more than one beneficiary
  - b. The beneficiary(ies) can be a person or entity, i.e., a trust.
  - c. The assignee(s) can name themselves beneficiary(ies).
7. Assignee must sign and date. If interests under the policy are assigned to more than one assignee:
  - a. Each assignee must sign the "Assignee's Beneficiary Designation" section.
  - b. If assignee is a trust, all trustees must sign the "Assignee's Beneficiary Designation" section
  - c. If assignee is a trust, the word "Trustee" must appear as part of the handwritten signature, i.e.,
8. Indicate the name of the Policyholder/employer
9. Date, Signature and Title of the Authorized Representative of the Policyholder/employer named above.

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).

**Absolute Assignment and Beneficiary Designation - Life**



Group Term Life     Stand-Alone Accidental Death and Dismemberment (Stand-Alone) (Please check all that apply)

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 ("Policy")

---

**Assignment**

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

Address: \_\_\_\_\_  
(Street) (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. I have previously executed an Irrevocable Beneficiary Designation, which is still valid. <sup>2</sup>  Yes  No If "Yes," please attach a Release From the Irrevocable Beneficiary.

Signature of Employee: Employee's Signature <sup>3</sup>    Date \_\_\_\_\_

STATE OF \_\_\_\_\_ } SS.  
 COUNTY OF \_\_\_\_\_ }

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.

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.*

---

<sup>4</sup> 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 \_\_\_\_\_ } SS.  
 COUNTY OF \_\_\_\_\_ }

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. <sup>5</sup>  Yes  No

If "No",  
 I hereby designate Name of beneficiary or entity designated by the Assignee as my beneficiary under the Policy.

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Signature of Assignee \_\_\_\_\_    Date \_\_\_\_\_  
<sup>7</sup> Signature of Assignee \_\_\_\_\_    Date \_\_\_\_\_

---

**Consent**

<sup>8</sup> The Policyholder (Name) Name of Policyholder hereby consents to this assignment.  
<sup>9</sup> Name of Authorized Representative of Policyholder Signature of Policyholder  
 Title 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.

Hartford Life Insurance Company     Hartford Life and Accident Insurance Company

By: Name \_\_\_\_\_ Title \_\_\_\_\_

GR-10136-8 CT    01/2013

**\*Sections to be completed by the Notary Public (IMPORTANT: Notary Public certification required if #4 is completed).**

**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**

**IMPORTANT** If this form is not completed correctly and/or if any required items are missing, the entire package will be returned to the policyholder/employer with a letter of explanation.