



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.