

Absolute Assignment and Transfer of Certificate of Insurance



Henderson Hall ■ 29 Carpenter Road ■ Arlington, VA 22212
Phone: 800-628-6011 ■ Fax: 703-945-1441 ■ E-mail: counselor@navymutual.org ■ Website: www.navymutual.org

Instructions:

- This form must be completed in its entirety, signed, dated and notarized.
- Send completed form to Navy Mutual Aid Association.
- Assignment is not valid unless received, acknowledged, signed and made effective by the Navy Mutual Aid Association.

| |
|---|
| Plan # _____ |
| Name of Insured _____ |
| Social Security Number or Tax Identification Number of Assignee _____ |
| Name of Assignee _____ |
| Address of Assignee _____ |
| Date of Birth or Date of Trust _____ |

CHECK HERE IF ASSIGNEE IS A TRUST. Assignments to a Trust must include trust documents.

Premiums and/or interest on prior and subsequent indebtedness to the Association and after this date will be paid by

(Name of Payor)

This certificate is encumbered by an existing outstanding loan in the amount of _____ as of this date. (Enter N/A if no loan exists)

I hereby absolutely assign, transfer and set over to the above named assignee, his/her heirs, executors, administrators, or successors all the rights, title and interest in the above named Navy Mutual Aid Association plan with the absolute right to exercise all ownership rights now due or hereafter to arise, including but not limited to:

- pledge said plan for loans;
- collect any dividends declared by the Board of Directors;
- change the beneficiary of the plan;
- surrender the plan and collect the surrender value of the proceeds;
- perform any other rights of ownership.

This assignment and transfer is made with the understanding and stipulation that from any settlement of the said certificate number shall be deducted all then existing indebtedness to THE NAVY MUTUAL AID ASSOCIATION on account of or secured by said certificate.

Signed and sealed this _____ day of _____ .

(Assignor/Member)

Notary Public

State/Commonwealth of _____ County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____

by _____
(Name of Person Seeking Acknowledgement)

My Commission expires: _____

Seal

The Navy Mutual Aid Association shall be conclusively presumed not to have had notice or knowledge of this Assignment unless the original has been filed with the Association as documented by the written acknowledgment of the Association by an officer or employee designated to accept same. The Association assumes no responsibility for the validity of this assignment.

Received, acknowledged and made effective
NAVY MUTUAL AID ASSOCIATION

By _____ Date _____