



AIG Assignment of Benefits Form

Business Travel Accident & Voluntary Accidental Death & Dismemberment

Attached is an Absolute Assignment Form for your completion. Please read the information below carefully.

Should you wish to assign your insurance benefits as allowed by your group policy, please complete the form and return it to AIG at the address below:

AIG
Field Services Unit - Personal Accident
3300 Business Park Drive
Stevens Point, WI 54482

IMPORTANT INFORMATION

1. This is an absolute assignment form. It will effect an absolute and complete transfer to the Assignee of the rights, privileges and benefits the Insured has in the group policy described.
2. This Assignment form does not affect the existing beneficiary designation, if any has been made by the Insured.
3. There may be a provision in the Policy making the Insured's estate the beneficiary of the proceeds under this Policy should all other persons having an interest in the proceeds fail to qualify for same. Under the terms of this Assignment, all such interests are rescinded and nullified. If this result is not desired, numbered paragraph "4" should be crossed out.
4. The Insured should submit the Assignment Form, with 2 completed and signed originals to AIG at the address listed above. After the Assignment has been received by AIG, the originals bearing AIG's receipt date will be returned to the Insured for distribution to the Policyholder and to the Assignee. AIG will forward a copy of the executed form to Mercer for retention.
5. To avoid complications upon death of the Insured, it is advisable that the Assignee, immediately after the Assignment has been made, make a beneficiary designation naming the person(s) entitled to receive the benefits payable upon death of the Insured. The Assignee may designate himself as a Beneficiary. Provisions should also be made for a contingent beneficiary to whom such benefits would be payable in the event that the primary beneficiary predeceased the Insured.
5. Upon death of the Assignee, his rights will pass to his estate, unless other arrangements have been made. In the absence of such arrangements, the Assignee should consider the advisability of having a will in existence at the time of his death containing specific directions to his executor on how to dispose of the estate's right in the insurance covered by the Assignment.
7. The Insured should consult with his legal (tax) advisor before making the Assignment. The Company assumes no obligation as to the validity or sufficiency of this Assignment and has taken no position upon its legality. If payment is being made to any Trustee, the Company shall be entitled to assume that such Trustee is acting in a fiduciary capacity and the Policyholder, the Insured, and the Assignee agree that such payment shall discharge the Company from all liability.

ASSIGNMENT

FOR VALUE RECEIVED, the undersigned Insured, _____, being of legal age, hereby assigns and transfers unto the Assignee, _____, whose address is _____, all of his/her rights,

Street

City

State

privileges, and benefits under Group Policy No. ☐ **Voluntary AD&D - PAI 0009131403-B** ☐ **Business Travel Accident - MTA 0009160537** (called "Policy") issued to **Marsh & McLennan Companies, Inc** (called "Policyholder") by National Union Fire Insurance Company of Pittsburgh, PA (called "Company") in accordance with the terms and conditions of the Policy or as may be allowed by the Company.

1. Without limiting in any way the generality of the foregoing, this Assignment shall vest in the Assignee the right to exercise any conversion privilege provided under the Policy under which the Insured, in the absence of this Assignment, could obtain an individual policy of insurance, and the Insured hereby agrees to execute any and all documents and to take any and all actions which the Assignee or the Company may request in order for the Assignee to exercise such conversion privilege.
2. The Assignee shall be under no obligation to pay any premium hereafter becoming due which would be required of the Insured in order to keep the insurance under the Policy in force, but may, with the consent of the Policyholder, pay such premium directly to the Policyholder since the Insured has no right under the Policy to pay any such premium directly to the Company. It is understood that the Assignee shall have no such right to pay any premium directly to the Company.
3. This Assignment does not affect or change any existing beneficiary designation. Proceeds payable on death will be paid in accordance with such designation unless such designation is hereafter changed by the Assignee in accordance with the terms of the Policy, when the right to make such change exists under the Policy. (For explanation and instructions see paragraph 2 and 5 of the Information.)
4. This Assignment cancels and rescinds any reversionary provision in favor of the Insured or his/her estate whether contained in the Policy or in any writing or provision pertaining to the Policy or in any other writing not pertaining to the Policy. (For explanation and instructions see paragraph 3 of the Information.)

The Insured, the Assignee and the Policyholder acknowledge and agree that the Company has assumed no obligation as to the validity or sufficiency of this Assignment, and the Company has taken no position upon the legality of this Assignment. If payment is being made to any Trustee, the Company shall be entitled to assume that such Trustee is acting in a fiduciary capacity, and Policyholder, Insured and Assignee hereby agrees that such payment shall discharge the Company from all liability.

In witness whereof, effective this _____ day of _____, 20_____

Witness to Signature of Insured

Signature of Insured

Employee ID # (for identification purposes only)

Witness to Signature of Assignee

Signature of Assignee

The Policyholder hereby waives the provision, if any, contained in the Policy prohibiting assignments and agrees to accept from the Assignee any premium for the insurance under the Policy becoming due after the effective date indicated above which would be required of the Insured in order to keep such insurance in force, provided that such premiums are paid by the Assignee to the Policyholder in such manner and at such times as mutually agreed upon by the Assignee and the Policyholder.

Marsh & McLennan Companies, Inc
Name of Policyholder

Person Authorized to Sign on Behalf of and Bind

Received by the Company

By: _____

_____, 20_____
_____, 20_____