

**STANDARD INSURANCE COMPANY**

**EXEMPT EMPLOYEES  
ABSOLUTE ASSIGNMENT OF ALL LIFE AND  
ACCIDENTAL DEATH AND DISMEMBERMENT RIGHTS  
UNDER A GROUP POLICY**

[Please:(a) complete and deliver the original copy to the Assignee after it has been acknowledged by the Policyowner; (b) deliver a copy to the Policyowner to be attached to your enrollment/beneficiary designation card; and (c) keep a third copy for your records.]

I, \_\_\_\_\_, (Insured Member/Assignor) assign to \_\_\_\_\_ (Assignee) all of my rights to life insurance and accidental death and dismemberment insurance provided under Group Policy No. **645571** issued by Standard Insurance Company to **State of Ohio** (Policyowner) or any policy issued by any company to replace insurance provided under the aforementioned group policy.

This assignment applies to all such insurance in effect on the date of this assignment and to any increase or additional insurance becoming effective under the Group Policy in the future and to any replacement insurance.

This assignment is irrevocable and absolute. I understand that the assignment will have the following effect:

- (a) All life insurance and accidental death insurance benefits will be paid in accordance with the beneficiary provisions of the group policy, and not to the Assignee unless the Assignee is also the Beneficiary.
- (b) The Assignee will have the right to change the Beneficiary. This assignment will not automatically change the Beneficiary.
- (c) All accidental dismemberment benefits will be paid to the Assignee.
- (d) The Assignee will have the right to exercise my right to purchase an individual policy of life insurance on my life under the life insurance provision of the Group Policy giving me the right to convert to an individual policy of life insurance.

This assignment is not intended to assign any disability income insurance or dependents life insurance which may be provided in the Group Policy.

This assignment is intended to be effective as of the date on which it is signed as shown below and to be binding on Standard Insurance Company when filed with the Policyowner. Any payment made by Standard Insurance Company without notice of this assignment, or prior to receiving written notice at its home office of an adverse claim, will fully discharge Standard Insurance Company to the extent of payment.

Standard Insurance Company assumes no responsibility for the validity, sufficiency or effect of this assignment. If the assignment is made to a trustee, Standard Insurance Company will not be bound by the terms of the trust agreement nor be responsible for the application of any payments made under the Group Policy.

Standard Insurance Company will rely solely on the signature of the Assignee to any receipt, release waiver, transfer or other instrument, to whomever made, purporting to affect this assignment or the rights hereunder.

I hereby guarantee that this assignment is valid and that I have the legal capacity to make the assignment. I guarantee that I have not commenced bankruptcy proceedings nor have bankruptcy proceedings been commenced against me and that no lien or court order has been entered affecting my right to make this assignment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Spouse's Signature

Note: Please request your spouse to sign this assignment (unless you are making the assignment to your spouse) if you reside in the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person or persons who subscribed his, her or their name(s) to the foregoing instrument and acknowledged the same as a free act and deed.

\_\_\_\_\_  
Notary Public or Other Official Authorized to Administer Oaths  
My Commission expires: \_\_\_\_\_

Received on \_\_\_\_\_, acknowledged, and a copy filed in the offices of the Policyowner; the Policyowner, however, assuming no responsibility as to the validity, sufficiency or effect of the assignment.

POLICYOWNER  
**State of Ohio**

By \_\_\_\_\_