



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 (dd/mmm/yyyy)

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 Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5. manulife.ca
Assistance is available by calling 1.888.596.8881 between 8 a.m. and 8 p.m. ET, Monday through Friday.