

Absolute Assignment to Individual

Metropolitan Life Insurance Company



Please read instructions on page 5 before completing and executing this form.

SECTION 1: Group Life Insurance Program

Program of *(Name of Employer/Policyholder)***American Greetings Corporation**

Insured Information

Insured-First Name

Middle Name

Last Name

Address

City

State

ZIP

Social Security Number

Phone Number

Group Policy Number

Group Certificate No. *(If known)*

"Certificate"

Has a Waiver of Premium claim been approved for the insured? ☐ Yes ☐ No

☐ **Check here if this Assignment is a Reportable Policy Sale for tax purposes such as a transfer to a life settlement company:**

Note: "Reportable Policy Sale" is defined under Internal Revenue Code ("IRC") §101(a)(3) as the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the insured apart from the acquirer's interest in such life insurance contract. If the box above is checked, the acquirer must provide the Company with IRS Form 1099-LS. See [HYPERLINK www.irs.gov](http://www.irs.gov) for more information.

SECTION 2: Spouse Waiver for Assignment of Group Life Benefits

(To Be Completed If Applicable)

Please read the following section carefully

The spouse of the assignor should sign below **IF** the assignor is making an assignment to a person other than his/her spouse, **AND** the assignor is a resident of one of the following community property jurisdictions: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin.

I, spouse of the assignor, hereby consent to this assignment and waive and release any and all community property rights in and to the subject matter of the assignment.

Spouse-First Name

Middle Name

Last Name

**Sign
Here**

Signature of Spouse

Date *(mm/dd/yyyy)*

I Hereby Assign, As A Gift, To

Assignee - First Name	Middle Name	Last Name		
Address of Assignee: Street		City	State	ZIP
Assignee SSN	Assignee Phone Number	Relationship	Date of Birth (mm/dd/yyyy)	

and his (*or her*) estate or assigns, all right, title, interest and incidents of ownership, both present and future, relating to the insured's group life insurance under the Program, including but not limited to: the right to make any requisite contributions for the coverage under said Program, the privilege of obtaining an individual policy of life insurance on the insured's life, the right, to the extent permissible to change the beneficiary(*ies*) and the right to elect any available settlement option. This assignment relates to the existing coverages now being assigned under the insurance policy (*policies*) and any replacement or substitute policy of the same or another insurance company providing insurance under the Program, and any amended or successor Program provided by the Employer.

Sign your name only by the coverage(s) you intend to assign:

Basic Life Insurance, if any	Accidental Death and Dismemberment Insurance, if any
Supplemental Life Insurance, if any	Supplemental Accidental Death and Dismemberment Insurance, if any
Survivor Monthly Income Benefits, if any	Voluntary Accidental Death and Dismemberment Insurance, if any

It is understood and agreed that neither MetLife nor the Program assume any obligation as to the validity or sufficiency of this assignment and that the assignment will not be binding upon them until filed with and accepted by the Program and MetLife.

Dated at (<i>City</i>)	in the State of (<i>State</i>)	This Day of (<i>Date</i>)
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Name of Assignor/Owner		
First Name	Middle Name	Last Name
<div><div>Sign Here</div><div>Signature of Assignor/Owner</div></div>		
Name of Witness		
First Name	Middle Name	Last Name
<div><div>Sign Here</div><div>Signature of Witness</div></div>		

SECTION 3: Assignee's Designation of Beneficiary

Effective as of the date of this assignment, I hereby (1) revoke any previous beneficiary designation as to the above-named Insured under the Group Policy, and (2) revocably designate as beneficiary thereunder:

Primary Beneficiary(ies) *(Total shares must equal 100%)*

1) First Name	Middle Name	Last Name			% of Share
Address		City	State	ZIP	
Date of Birth (mm/dd/yyyy)	Social Security Number		Phone Number		
Relationship					

2) First Name	Middle Name	Last Name			% of Share
Address		City	State	ZIP	
Date of Birth (mm/dd/yyyy)	Social Security Number		Phone Number		
Relationship					

Contingent Beneficiary(ies) *(Total shares must equal 100%)*

1) First Name	Middle Name	Last Name			% of Share
Address		City	State	ZIP	
Date of Birth (mm/dd/yyyy)	Social Security Number		Phone Number		
Relationship					

2) First Name	Middle Name	Last Name			% of Share
Address		City	State	ZIP	
Date of Birth (mm/dd/yyyy)	Social Security Number		Phone Number		
Relationship					

Unless otherwise provided above, payment to two or more primary beneficiaries or two or more contingent beneficiaries shall be made in equal shares or to the survivors in equal shares or all to the last survivor. If there is no primary or contingent beneficiary living at the death of the insured, the amount of benefits payable because of the insured's death shall be payable to the assignee if living at the insured's death or to the assignee's estate if the assignee is not living at the insured's death.

It is understood and agreed that this designation will in no way apply in respect of any Survivor life insurance benefits if the Group Policy providing for such benefits makes no provision whatever for a beneficiary designation and that in such event the Survivor life insurance benefits will be payable only as provided in the Group Policy, this assignment notwithstanding.

Name of Assignee/Owner

First Name

Middle Name

Last Name

**Sign
Here**

Signature of Assignee/Owner

Date (mm/dd/yyyy)

To Be Completed by Employer

**Sign
Here**

By

Date (mm/dd/yyyy)

Title

To Be Completed by MetLife

**Sign
Here**

By

Date (mm/dd/yyyy)

Title

SECTION 4: Instructions

- Do not erase or attempt to make corrections. Use a new form.
- MetLife must receive the form within 60 days of when the assignor/owner signs and dates it.
- This form only applies to coverages insured by MetLife.
- Gift assignments are not permitted as collateral security or for value.
- Unless and until the assignee designates a new beneficiary, any existing beneficiary designation on file at the time the assignment is made will remain on record and the life insurance proceeds will be paid accordingly upon receipt of a properly supported claim.
- The following definitions may be helpful in completing your assignment form.

Assignment:

Is the irrevocable transfer by an assignor/owner to an assignee of all right, title, interest and incidents of ownership, both present and future, relating to the assigned Group Life insurance coverage.

Assignor/Owner:

An individual or entity who assigns all right, title, interest and incidents of ownership of an insured's Group Life insurance coverage. The assignor/owner is the owner of the coverage.

Assignee:

The individual or entity to whom a transfer of all right, title, interest and incidents of ownership of an insured's Group Life insurance coverage is made.

The absolute assignment of a life insurance certificate has legal and tax implications. The assignor/owner may want to consult with a personal legal or tax advisor. Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any information included in or related to this form is for general informational purposes only and should not be considered legal or tax advice. You should consult with and rely on your own legal and tax advisors.

Return Completed Form To:

American Greetings
Attn: Shared Services
One American Road Cleveland, OH 44144
or FAX 216-252-0367