

www.gleanerlife.org 5200 West U.S. Highway 223 P.O. Box 1894, Adrian, Michigan 49221 p 800.992.1894 | f 517.265.7745 gleaner@gleanerlife.org

Absolute Assignment (Retention of Beneficiary)

Owner's Name in Full (print)		
		Owner's Social Security #
I hereby assign all right, title, and interest in the Gleaner Life all sums now or hereafter due under the terms and conditions privileges to:		•
Name of Assignee	Assigne	ee's Social Security #
Assignee's Relationship to Insured Assignee's Relationship to Insured	ssignee's Telephone Numb	er
Assignee's Street Address, City, State, Zip		
The Owner and the Assignee by acceptance of this assignment beneficiaries as designated in the certificate at the time of this ignated by the Assignee. If no designated beneficiary survives dance with the provisions of the Society's Constitution and By This assignment is intended to effect an irrevocable transfer of ership in the Member's insurance coverage. All personal ment Society remain with the Insured Member and the Assignee do assignment.	s assignment, or to suc s the Insured, any deat y-Laws. of all the economic right nbership rights which th	h beneficiaries subsequently des- h benefit shall be payable in accor- ts, benefits, and incidents of own- ne Insured has a member of the
Signed and dated at City and State	thisday of	, 20
Owner signature:		
STATE OF)		
COUNTY OF) SS)		
On the day of	, 20	, before me personally
cameexecuted the above assignment.	, to me known to b	be the individual described in and who
		lotary Public



Gleaner Life Insurance Society, without assuming any responsibility for the validity or the sufficiency of the foregoing assignment, has on this date filed a duplicate thereof at its Home Office.

Date	_
	Gleaner Life Insurance Society
	Ву

Instructions

This assignment form is furnished for the convenience of the members of Gleaner Life Insurance Society. The Society will assume no responsibility for the intentions of the capacity of the parties nor the validity or effect of any assignment which it may record.

- **1. Completing the Form -** This form is to be completed after issuance of the certificate.
 - Name of Owner The Owner is the Insured if there are no previous assignments.
 - Name of Assignee This assignment may be completed in favor of only one assignee.
 - Social Security Number The Social Security Numbers of both the Owner and Assignee are required. If a
 corporation, trust, or other entity is to be recorded as the Assignee, the Tax Identification Number should
 be provided.
 - Relationship to Insured Please record the relationship of the Assignee to the Insured.
 - Mailing Address The full mailing address and telephone number of the Assignee are needed. All notices with regard to the insurance contract, including premium notices, will be sent to the Assignee at the address shown.
- 2. Signature and Notary The form should be signed in the presence of a Notary Public.
- **3. Beneficiaries** In order to avoid a possible misunderstanding, the beneficiary named in the certificate will be entitled to the death benefit. Requests for a change of beneficiary may be made on the Society's Form #437. After the assignment has been received and filed at the Home Office, the Assignee may request a change of beneficiary if desired.
- **4. Contingent Owner** The Assignee may designate a Contingent Owner on the Society's Form #243 after this assignment is recorded at the Home Office.
- **5. Taxable Event** It is possible that executing an Absolute Assignment may create a taxable event for the Owner. Please contact the Gleaner Home Office for details on the amount that may be reported as taxable income on a 1099-R form. If tax advice or other professional assistance is required, the services of a competent professional person should be sought.
- **6. Mailing -** The completed form should be sent to the Gleaner Life Insurance Society at the address shown on page 1 of this form. After filing at the Home Office, one acknowledged copy will be returned to be placed with the certificate of insurance.