

THE STATE INSURANCE FUND

DISABILITY BENEFITS DIVISION

15 Computer Drive West, Albany, NY 12205

ASSIGNMENT OF INTEREST AGREEMENT

Policy No. DBL _____

- (1) It is understood and agreed that, effective 12:01 A.M. _____ subject to all the agreements, conditions and limitations as hereunder expressed, the above captioned policy is hereby assigned
(DATE OF CHANGE OF INTEREST)
- (2) to _____ whose
(NAME OF NEW FIRM - ASSIGNEE)
- (3) business address is _____
(NUMBER) (STREET) (CITY OR TOWN) (STATE) (ZIP CODE)

The new form of ownership is indicated by an X:

- (4) Individual Partnership Corporation Receiver Trustee Estate

For the purpose of serving notice, as provided in the Disability Benefits Law, this insured employer agrees that written notice sent to the above address shall constitute valid notice.

It is understood and agreed that if the new insured employer is a corporation, premium will be charged for coverage of all executive officers in accordance with the rules of the Disability Benefits Law. However, if the corporation has only one or two executive officer(s) who also own(s) 100% of the stock, the corporation may elect to delete coverage for such executive officer(s) by completing form DB212.3.

The assignee named herein, upon the acceptance of this agreement, warrants that he (it or they) is (are) in lawful possession of the policy and is legally entitled to an assignment of the interest of the insured therein named and said assignee agrees to accept such policy and all endorsements duly issued thereunder and assume all obligations therein expressed from the effective date hereinabove mentioned, including liability and responsibility for the payment of any premiums or additional premiums and/or be entitled to any refund which may become due on account of this policy up to the effective date of this agreement of interest agreement.

Nothing herein contained shall be held to waive, alter, vary or extend any of the stipulations, agreements or limitations of this policy including specifically Paragraph 10 of this policy, except as herein stated.

The State Insurance Fund shall not be bound by the assignment of interest agreement as herein set forth, unless it consents thereto in writing, such consent to be evidenced by an endorsement which shall be attached to and from part of

Policy No. DBL _____ Issued to _____
(NAME OF OLD FIRM TRANSFERRING INTEREST)

- (5) OLD FIRM SIGN HERE: _____
(please also print name) (A MEMBER OF OLD FIRM MUST SIGN PERSONALLY) - TITLE

CORPORATE SEAL
OF ENTITY
TRANSFERRING
INTEREST

- (6a) NEW FIRM PRINT HERE: _____
(PRINT NAME OF FIRM ACCEPTING INTEREST)

New Federal Tax ID # _____

N.Y. UNEMPLOYMENT
INSURANCE
REGISTRATION NO.

- (6b) SIGN HERE: _____
(A MEMBER OF NEW FIRM MUST SIGN PERSONALLY) - TITLE

Phone Number (____) _____

LIST BELOW THE FULL NAMES OF ALL MEMBERS OF THE NEW FIRM ACCEPTING INTEREST

- (7a) IF INDIVIDUAL _____
(FULL NAME) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

- (7b) IF COPARTNERSHIP _____
(FULL NAME OF COPARTNER) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

LIST
ALL PARTNERS

(FULL NAME OF COPARTNER) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

(FULL NAME OF COPARTNER) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

- (7c) IF CORPORATION _____
(FULL NAME OF PRESIDENT) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

LIST ALL EXECUTIVES
(ACTIVE & INACTIVE)

(FULL NAME OF VICE-PRESIDENT) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

(FULL NAME OF SECRETARY) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

(FULL NAME OF TREASURER) (HOME ADDRESS-STREET) (CITY) (ZIP CODE)

NEW YORK STATE INSURANCE FUND
15 Computer Drive West
Albany, NY 12205
(866) 697-4332

CORPORATE SEAL
OF ENTITY
ACCEPTING INTEREST