



New York State Insurance Fund

PO Box 66699; Albany, NY 12206
nysif.com

Assignment of Interest Agreement

INFORMATION REGARDING THE ENTITY TO WHICH YOU ARE TRANSFERRING INTEREST

DB Policy Number: \_\_\_\_\_

- 1. Date that transfer of interest went into effect: \_\_\_\_\_
2. Name of new firm (assignee): \_\_\_\_\_ FEIN \_\_\_\_\_
3. Business mailing address of new firm: \_\_\_\_\_
4. Entity New York Location address: \_\_\_\_\_
5. Indicate the new form of ownership:
Individual Partnership Corporation LLC Trustee Estate Other, list type below: \_\_\_\_\_

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 (other than a religious, charitable, educational or municipal corporation or post or chapter of veterans of any war of the United States) premium will be charged for coverage of all executive officers in accordance with the rules of 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, DB 212.3 Officer Exclusion.

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 herein above 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 assignment 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 except as herein stated.

NYSIF 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 form part of.

5a. Issued To: \_\_\_\_\_
(NAME OF OLD FIRM TRANSFERRING INTEREST)

5b. Old Firm SIGN HERE: \_\_\_\_\_
(A MEMBER OF OLD FIRM MUST SIGN PERSONALLY) - TITLE

6. New Firm SIGN HERE: \_\_\_\_\_
(A MEMBER OF THE NEW FIRM MUST SIGN PERSONALLY) - TITLE

7. List below all Corporate Officers, Partners, Owners or Members of the new firm accepting interest:
(Include all owners, even if located out-of-state)

Table with 5 columns: Name, Title, Address, Covered under policy?, If yes, please provide gross annual wages. It contains four rows for listing officers/partners/owners.

Corporations with 1 or 2 officers (in NYS): If you request not to be covered under the policy, a completed Officer Exclusion form (DB-212.3) is required.

Sole Proprietor, Partnership or Members of an LLC or LLP (in NYS) with employees: To be covered under this policy, Voluntary Coverage forms must be submitted with the application (Voluntary Coverage forms are not required if you want to be covered and have no employees).