



Assignment of Interest Agreement

DBL Policy Number _____

It is understood and agreed that, effective, 12:01 AM, _____ is subject to all agreements,
(Date of Change of Interest)

conditions and limitations as hereunder expressed, the above captioned policy is hereby assigned to
(Name of New Firm-Assignee) whose business address is

(Street) (City or Town) (State) (Zip Code)

The new form of ownership is indicated by an X: () Individual () Partnership () Corporation () LLC () Estate

For the purpose of serving notice, as provided in the Disability Benefits Law (DBL), 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 DBL. However, if the corporation has only one or two executive officer(s) who also owns(s) 100% of the stock, the corporation may elect to delete coverage for such executive officer(s) by completing form, DB 212.3.

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 the 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 including specifically paragraph 10 of this policy, except as herein stated.

Name of Old Firm Transferring Interest _____

Member of the Old Firm _____
(Print Name) (Sign Here)

Member of the New Firm _____
(Print Name) (Sign Here) (Federal Tax ID Number)

List Below the Full Names of All Members of the New Firm Accepting Interest

If Individual _____
(Full Name) (Home Address) (City-State) (Zip Code)

If Co-Partnership (List all Partners)
(Full Name of Co-Partner) (Home Address) (City-State) (Zip Code)

(Full Name of Co-Partner) (Home Address) (City-State) (Zip Code)
(Full Name of Co-Partner) (Home Address) (City-State) (Zip Code)

If Corporation (List all Executives-Active and Inactive)
(Full Name of President) (Home Address) (City-State) (Zip Code)

(Full Name of Vice President) (Home Address) (City-State) (Zip Code)

(Full Name of Secretary) (Home Address) (City-State) (Zip Code)

(Full Name of Treasurer) (Home Address) (City-State) (Zip Code)