

Absolute Assignment and Beneficiary Change

HUMANA
Specialty Benefits

1.

The undersigned, as Owner of Policy No. _____ issued by Humana Insurance Company on the life of _____ for value received hereby assigns all rights, title, and interest in said Policy, successors and assigns of the following named Assignee.

Full name of Assignee _____

SS # _____ Telephone _____

Address of Assignee _____

The executors, administrators, successors and assigns of said Assignee.

Full name of contingent owner _____

SS # _____ Telephone _____

Address of contingent owner _____

The undersigned by this assignment transfers to said Assignee all incidents of ownership in said Policy, Including any and all rights of the undersigned to receive dividends, to receive amounts payable at maturity, to receive disability income, if the Policy provides for such income, or to receive any other amounts payable under said Policy, and including the right to change the beneficiary therein to obtain loans on the Policy, to assign the Policy, to surrender the same to the Company for its cash value, and to exercise any right, option or benefit contained in the Policy or permitted by the Insurance Company.

This assignment is not being made under any Trust, or as a pledge, or as security for indebtedness.

This assignment is subject to any assignment in favor of, or indebtedness to, the Humana Insurance Company.

This assignment shall not be binding on the Insurance Company until an executed original or a duplicate thereof is filed at the Home Office. The Company shall not be held responsible for the validity or sufficiency of this assignment.

If said Policy by its terms provides for payment of the proceeds thereof at maturity, either by reason of death of the insured or as an endowment, otherwise than in one sum, request is hereby made that said proceeds be paid in one sum. If said policy by its terms provides for any beneficiary or endowment payee who shall not have joined in his assignment, the appointment of each such beneficiary or endowment payee is hereby revoked. The foregoing provision for payment of the Policy proceeds in one sum shall take effect as of the date of execution hereof and prior to foregoing assignment, but only when endorsed on the Policy by the Company, whether or not the Insured by living at the time of endorsement.

If the number of more than one Policy is included above, this instrument shall be separately read with respect to each Policy.

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without endorsement of the Policy.

Witness - Agent _____ Owner _____

Witness - Notary Public _____ Date _____

My Commission Expires _____

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2.

Recognizing that prior Beneficiary designations are revoked by the above ownership change, the Assignee exercising ownership rights of the contract names the following:

If the Policy requires that the above change(s) be endorsed on the Policy, it is requested that the Policy be modified to permit this change(s) without endorsement of the Policy.

Primary Beneficiary _____

Address _____

Contingent Beneficiary _____

Owner's Signature _____

Witness/Agent/Notary Public _____

My Commission Expires _____

This form should be executed in duplicate. Both original and duplicate should be forwarded to the Home Office together with the policy for endorsement.

For Home Office use only:

Acknowledged and filed at the Home Office of the insurer in Green Bay, WI this _____ day of _____, 20_____

Humana Insurance Company

By _____

Authorized Officer

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