

Directions

Please complete, sign and return this form to:

**Aon Insurance Services, Plan Agent
AICPA Insurance Trust, 159 E. County Line Rd., Hatboro, PA 19040-1218**

or

Fax: 800-242-7248

If you have any questions, please call one of our
representatives at 1-800-223-7473.

Request to Transfer Group Insurance—Group Insurance Plan

How to request the transfer of coverage under the Group Insurance Plan

1. Complete the answers to the questions below. Be sure to sign by the check mark.
2. Please see the Administrative Manual for calculating the requested coverage amount.
3. Return the completed form to the Plan Agent.

Statements made requesting insurance provided by The Prudential Insurance Company of America pursuant to the Group Insurance Plan of the AICPA Insurance Trust.

To be completed by firm

Account No.	Dep. Coverage	Schedule
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Firm Name _____

Street Address _____

City _____ State _____ Zip _____

Is the applicant a Proprietor or Partner? Yes No

Employee's Social Security Number --

Date of Hire //

Amount of Coverage Requested _____

Schedule Requested _____

To be completed by Partner, Proprietor or Employee—Please print all answers in ink.

1. Name of Partner, Proprietor or Employee

Last _____ First _____ MI _____

2. Mailing Address (Your certificate and confidential information will be sent to this address.)

Street Address _____

City _____ State _____ Zip _____

3. Name of previous firm by which you were employed

4. Have you converted a certificate previously held under this group? (If "Yes," you are not eligible for transfer of coverage.) Yes No

5. Were you previously covered by a participating firm and did you start with the present firm within 62 days? (If "No," you are not eligible for transfer of coverage.) Yes No

6. Previous Certificate Number _____

7. Previous Schedule _____

8. Date of Birth //

9. Your Beneficiary? (Full name, Example: Jean Lee Doe)

Last _____ First _____ MI _____ Relationship _____

Please check if additional information regarding your beneficiary designation is attached.

If you name more than one beneficiary, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no named beneficiary survives you, settlement will be made to your estate. The beneficiary named herein will be the beneficiary for your total amount of insurance coverage issued pursuant to the Group Insurance Plan of the American Institute of Certified Public Accountants Insurance Trust.

I hereby declare that to the best of my knowledge and belief all of the above answers to the questions are complete and true. I agree that the insurance applied for is subject to the policy terms and shall become effective on the date or dates established by the policy.

✓ Signature _____ Date _____