

## **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 and be sure to sign.
2. Please see the Administrative Manual for any questions regarding who may be covered.
3. Return the completed form to Aon Insurance Services, the Plan Agent.

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

<b>To be completed by acquiring firm</b>	Amount of Coverage Requested	Account No.	Dep Coverage	Schedule
Firm Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				
Street Address	City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Is the Person transferring coverage a Proprietor or Partner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Person's Social Security Number	Date of Hire		
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		

### To be completed by the person transferring coverage (please print all answers in ink.)

#### Name of the person transferring coverage:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Street Address	Apt.	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP Code			
<input type="text"/>			
Name of previous firm that employed you			
<input type="text"/>			

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

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

Previous Certificate Number	Previous Schedule	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

### Beneficiary Designation—Please specify your beneficiary (full name, Ex: Jean Lee Doe).

First Name	Middle Name	Last Name	Relationship	Date of Birth	% Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check if additional information regarding your beneficiary designation is attached. **Total (Must equal 100%): 100%**

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 in accordance to the terms of the group policy. The beneficiary named herein will be the beneficiary for your total amount of insurance coverage issued pursuant to the Plan of Insurance of the AICPA Insurance Trust.

I 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 that you are transferring to is subject to the policy terms and shall become effective on the date or dates established by the policy.

Signature: 

Date: \_\_\_\_\_

Coverage under the Group Insurance Plan is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. The Certificate of Coverage includes details, including policy exclusions, limitations, and restrictions which may apply. Contract series 83500.

Aon Insurance Services in a division of Affinity Insurance Services, Inc.: in CA, MN & OK, (CA Insurance License #0795465) Aon Insurance Services is a Division of AIS Affinity Insurance Agency, Inc.; and in NY is a Division of AIS Affinity Insurance Agency.