

Directions

Please complete, sign and return this form to:

Aon Insurance Services, Plan Agent
AICPA Group 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 Life 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 Group Insurance Trust.

To be completed by acquiring firm	Amount of Coverage Requested <input style="width: 100%;" type="text"/>	Account No. <input style="width: 100%;" type="text"/>	Dep Coverage <input style="width: 100%;" type="text"/>	Schedule <input style="width: 100%;" type="text"/>
Firm Name <input style="width: 100%;" type="text"/>				
Street Address <input style="width: 100%;" type="text"/>				
City <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text"/>	ZIP Code <input style="width: 100%;" type="text"/>	
Is the Person transferring coverage a Proprietor or Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Hire <input style="width: 100%;" type="text"/>			

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

Name of the person transferring coverage:

First Name <input style="width: 100%;" type="text"/>	MI <input style="width: 100%;" type="text"/>	Last Name <input style="width: 100%;" type="text"/>
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Mailing Address (Your certificate and confidential information will be sent to this address)

Street Address <input style="width: 100%;" type="text"/>	Apt. <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	ZIP Code <input style="width: 100%;" type="text"/>
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Name of previous firm that employed you <input style="width: 100%;" type="text"/>	Social Security Number <input style="width: 100%;" type="text"/>
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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 <input style="width: 100%;" type="text"/>	Previous Schedule <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text"/>
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Beneficiary Designation—Please specify your beneficiary (full name, Ex: Jean Lee Doe).

Beneficiary Description	Name	Address (include city, state, ZIP)	Relationship	Telephone #	Date of Birth/Creation	SSN/Tax ID #	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Other _____							
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization <input type="checkbox"/> Other _____							
Total (Must equal 100%)							100%

Please check if attaching additional beneficiary designation information.

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 Group 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, is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK , AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.