



REQUEST FOR CONVERSION APPLICATION

PLEASE FURNISH ME WITH INFORMATION (APPLICATION & PREMIUM RATES) REGARDING THE CONVERSION OF MY GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE POLICY
THIS FORM MUST BE RETURNED WITHIN 45 DAYS OF THIS NOTICE

Name (Print in full) Date of Birth - Month Day Year Age

Address (Street and No. or R.F.D., City, State, Zip)

Social Security No. Group Policy No. Employer, Fund, or Union Name

Are you presently actively at work? Yes [] No []

If "No," furnish the exact last day of work (month, day, year): _____

Reason for stopping work: _____

State the amount of insurance to be converted: _____

(Signature of Policyholder or Representative) (Date) **X** (Signature of Employee / Member) (Date)

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NON-PARTICIPATION OPTION

I have been offered the right to convert my group life insurance, and I choose not to do so.

Print Name Sign Name Date

As soon as the Policyholder receives a request for conversion of insurance,
this form should be forwarded to:
THE AMALGAMATED LIFE INSURANCE COMPANY, INC.
333 Westchester Ave White Plains, NY 10604 (Group Insurance Services)