



Release of Collateral Assignment

» Please complete each field in this form, then sign, date, and return it in the envelope enclosed. Please print clearly.

Contract Information

The owner is the name of the person(s) or entity with the sole right to assign this insurance.

▶	Owner name (required)	Contract Number (required)	Insured name
▶	Owner Address (required)	City	State
▶	Owner Date of Birth (required)	Owner SSN - last four digits (required)	Owner Phone Number

Assignee Information

The assignee is the name of the person or company to whom the collateral assignment is being made. If the assignee is a company, an officer of the company must sign this Release of Collateral Assignment on behalf of the company.

▶	Assignee Name	Phone Number
	Assignee Address	City
		State
		Zip Code

Read & Sign

FOR VALUE RECEIVED, all rights, title and interest of the undersigned Assignee in and to the Contract number listed above issued by New York Life Insurance Company (NYLIC) on the life of the insured's name listed above is hereby relinquished and released.

▶	Assignee Signature (required)	Date
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Please return this signed and dated form to:
AARP Life Insurance Program
P.O. Box 30712
Tampa, FL 33630-3712

