



333 Westchester Avenue, White Plains, NY 10604 Attn: Policy Services Dept.

### 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 – <u>Month</u> <u>Day</u> <u>Year</u> <u>Age</u>
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Address (Street and No. or R.F.D., City, State, Zip)

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

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

### 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
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As soon as the Policyholder receives a request for conversion of group insurance, this form should be given to insured and completed form should be forwarded to:

**AMALGAMATED LIFE INSURANCE COMPANY, INC.**  
333 Westchester Ave White Plains, NY 10604 Attn: Policy Services Department  
Fax Number (914) 367 4115