



available from
 Municipal Employees' Retirement System of Michigan
 1134 Municipal Way Lansing MI 48917 (800) 767-6377

Request for Absolute Assignment and Successor Owner Endorsement

provided by
 Standard Insurance Company
 1100 SW Sixth Avenue Portland OR 97204-1093

1 Contract Identification

POLICY NUMBER(S)			
INSURED OR ANNUITANT NAME(S)		OWNER NAME(S)	
ADDRESS	CITY	STATE	ZIP CODE

2 Absolute Assignment

I(We) assign and transfer all rights, title and interest in this policy to the new owner(s) designated below. The consideration for this assignment is:

- Value; I(We) have received value.
- Love and Affection

Execution of this assignment does **not** change the beneficiary designation of this policy.

CURRENT OWNER NAME(S)	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)
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I(We) am legally capable of executing this document. No proceedings in bankruptcy have been filed against me(us). No lien or court order has been entered that affects this policy.

_____	_____
CURRENT OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
_____	_____
CURRENT OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

3 New Owner(s) (Attach form 5031 or IRS form W-9.)

NAME (IF A BUSINESS OR ENTITY, GIVE FULL NAME)	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable State _____	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male			

By my(our) signature(s) below, I(we) accept this assignment as new owner(s).

_____	_____
NEW OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
_____	_____
NEW OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

4 Successor Owner Designation (Complete only if owner is a natural person and is not the insured or annuitant.)

If there is more than one owner and an owner dies before an insured/annuitant, full ownership of the contract(s) will be held by the remaining owner(s). If there is only one owner and that owner dies before the insured/annuitant, the successor owner(s) named below will be the owner(s). If there is a conflict between this endorsement and the will(s) of any deceased owner(s), this endorsement will control. This Successor Owner Designation does not change the beneficiary or payee designation of this(these) contract(s).

NAME (IF A BUSINESS OR ENTITY, GIVE FULL NAME)	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER (IF A BUSINESS OR ENTITY, GIVE STATE OF FORMATION) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable State _____	TITLE OF AUTHORIZED REPRESENTATIVE (IF APPLICABLE)		
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	

NAME	SSN (or TIN)	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male			

5 This Absolute Assignment shall be effective when received and filed by Standard Insurance Company as indicated below.

_____ AUTHORIZED STANDARD INSURANCE COMPANY HOME OFFICE REPRESENTATIVE SIGNATURE	_____ DATE FILED IN PORTLAND, OR
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