



ASSIGNMENT OF BENEFITS

With Certain Underwriters at Lloyd's

Name of Assignor: FIRST _____ MIDDLE _____ LAST _____

I hereby request that any benefits payable under the provisions of my Policy/Certificate Number _____ be paid to _____ hereafter called the "Assignee" This assignment is to be continued in effect until revoked by the Assignor in writing and I agree that any payment made in accordance with this assignment shall discharge the Company's obligation under the policy/certificate to the extent of such payments.

Dated at _____ this _____ day of _____ 20 _____

Witness _____

Name of Assignee

Signature of Assignor

Address of Assignee

Address of Assignor

Executed by Coverholder Petersen International Underwriters, Lloyd's Correspondent on

Date

By: _____
W Harold Petersen
President

Mail Completed Form to:

PETERSEN INTERNATIONAL UNDERWRITERS
Lloyd's Correspondent

23929 Valencia Boulevard Suite 215 Valencia California 91355
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604
E-Mail: piu@piu.org Website: www.piu.org