BANKERS
COOPERATIVE GROUP, INC.

EMPLOYEE REQUEST FOR GROUP PORTABILITY AND/OR CONVERSION INFORMATION

Thank you for your interest in the Prudential Life portability and/or conversion option. Please complete the information below and return in to Bankers Cooperative Group, Inc., 411 North Avenue East, Cranford, New Jersey 07016. This card must be received within 31 days of termination of your eligibility for Group Insurance Benefits. In return, you will receive information that will enable you to apply for whichever option you are eligible.

Name: _____ Employer Name: _____

Address: _____ Group Number: _____
(Street)

_____ Last Day Worked: _____
(City) *(State)* *(Zip)*

Social Security #: _____

Telephone: Home: _____

Work: _____ Signature: _____

Important: The information you will receive is dated material. Please do not request the information more than 30 days prior to the termination of the Group Coverage.

BANKERS
COOPERATIVE GROUP, INC.

EMPLOYEE REQUEST FOR GROUP PORTABILITY AND/OR CONVERSION INFORMATION

Thank you for your interest in the American United Life portability and/or conversion option. Please complete the information below and return in to Bankers Cooperative Group, Inc., 411 North Avenue East, Cranford, New Jersey 07016. This card must be received within 31 days of termination of your eligibility for Group Insurance Benefits. In return, you will receive information that will enable you to apply for whichever option you are eligible.

Name: _____ Employer Name: _____

Address: _____ Group Number: _____
(Street)

_____ Last Day Worked: _____
(City) *(State)* *(Zip)*

Social Security #: _____

Telephone: Home: _____

Work: _____ Signature: _____

Important: The information you will receive is dated material. Please do not request the information more than 30 days prior to the termination of the Group Coverage.