

The Company does not guarantee the validity of any assignment

Absolute Assignment of Insurance Policy

The undersigned (the "Assignor") hereby assigns and transfers to _____ (the "Assignee") whose address is _____,

Address City State ZIP Code

and his/her heirs, executors, or administrators, all of the Assignor's right, title and interest in Policy No. _____,

issued on the life of _____, including all money which may be payable thereunder.

(Insured's Name)

The Assignor hereby guarantees the validity and sufficiency of this agreement to the above-named Assignee, and his/her heirs, executors, or administrators.

Signature of Assignor (current owner)

Signature of Assignee (new owner)

Assignee's Social Security Number

Signature of Spouse (required if community property state)

Signature of Spouse (required if community property state)

Spouse's Social Security Number

NOTARY BLOCK FOR ASSIGNOR/SPOUSE'S SIGNATURES

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the Assignor named above and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.

Signature of Notary Public
My commission expires: _____

(Affix Seal or Stamp)

NOTARY BLOCK FOR ASSIGNEE/SPOUSE'S SIGNATURES

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the Assignee named above and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.

Signature of Notary Public
My commission expires: _____

(Affix Seal or Stamp)

IF THE POLICY SUBJECT TO THIS ABSOLUTE ASSIGNMENT DESIGNATES AN IRREVOCABLE BENEFICIARY, SEE PAGE 2 OF THIS FORM FOR ADDITIONAL SIGNATURE REQUIREMENTS.

IRREVOCABLE BENEFICIARY ACKNOWLEDGMENT

Any policy beneficiary designated as an **irrevocable beneficiary** must agree to and acknowledge this absolute assignment of ownership by affixing their signature below.

The undersigned, as an irrevocable beneficiary designated in Policy No. _____, which is the subject of this Absolute Assignment of Insurance Policy, hereby acknowledges and agrees to assignment of policy ownership as outlined herein. I further acknowledge and understand that by execution of this absolute assignment, the Assignee will have full ownership rights and authority to said insurance policy.

Signature of Irrevocable Beneficiary (if any)

Printed Name of Irrevocable Beneficiary

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the irrevocable beneficiary named above and who executed the foregoing, and acknowledged that he/she executed the same as his/her voluntary act and deed.

(Affix Seal or Stamp)

Signature of Notary Public

My commission expires: _____

This form of Assignment is furnished by the Company on request. As the laws of states differ, it is urged that the Assignment be filled out and signed under the direction of a competent Attorney who is familiar with the laws of the state in which it is to be executed.