

Name of Life Insured	
Name of Policy Owner/Assignor	Policy Number
Contact Number of Policy Owner/Assignor	Email Address of Policy Owner/Assignor

Assignment

I, the Policy Owner/Assignor, for value received, hereby assign, transfer, set over and convey the above-mentioned policy and all of my claims, options, privileges, rights, titles and interests therein to:

Name of Assignee	Birthdate	Birth Place
Mailing Address		
Contact Numbers	Email Address	
For entities, Name and Position of Point Person		

on Absolute Assignment Collateral Assignment basis

For Collateral Assignment:

Amount Assigned in Figures: _____
 Amount Assigned in Words: _____

_____ Signature over Printed Name of Policy Owner/Assignor/Date	_____ Signature over Printed Name of Irrevocable Beneficiary/Date
_____ Signature over Printed Name of Assignee/ Date	_____ Signature over Printed Name of the Witness/Date

ACKNOWLEDGMENT

SUSCRIBED AND SWORN to before me this _____ day of _____, 20(__) affiant having exhibited to me his _____ issued at _____ on _____, valid until _____, and he being known to me to be the same person who executed the foregoing Affidavit of Loss & Undertaking and he acknowledged to me that he had executed it as his free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand at _____ this _____ day of _____, 20(__).

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20(__).

Release of Assignment

For value received, the Assignee hereby releases and relinquishes to the Assignor all rights and interests previously conveyed to it/him/her through assignment.

_____ Signature over Printed Name of Assignee/Date	_____ Signature over Printed Name of Assignor/Date
_____ Signature over Printed Name of Witness	