



# COLLATERAL ASSIGNMENT: Use for other than Absolute Assignments

Policy Number	Name of Life Insured or Annuitant
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## A. ASSIGNMENT

For valuable consideration received, I/We hereby assign all my/our rights, title and interest in and to this policy to:

Assignee's Name in Full		
Street Address	City, Province/State	Postal/Zip Code

as the assignee's interest may appear.

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Policy Owner(s)	Date	Policy Owner(s)	Date
Policy Owner(s)	Date	Irrevocable or Preferred Beneficiary (if any)	Date

The Company assumes no responsibility for the validity or effect of any assignment.

## B. RELEASE OF ASSIGNMENT

For value received, I/We \_\_\_\_\_ Assignee's Name in Full

hereby relinquish and release all rights, title and interest in and to this policy which were transferred to the assignee by assignment to such person(s) as would not be entitled to them if this assignment had never been made. If the assignee is a company, we require the signature of two signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers signing the form must be shown.

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Assignee	Date	Assignee	Date
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The Company assumes no responsibility for the validity or effect of any release of assignment.

## INSTRUCTIONS

1. **TRANSFER OF OWNERSHIP RIGHTS** - This form can be used to transfer ownership rights under an individual policy issued in the United States. The form should be signed by the current owner(s) of the policy, the new owner(s) of the policy and by any irrevocable or "preferred" beneficiary.
2. **ABSOLUTE ASSIGNMENT** - This form can also be used by an irrevocable or "preferred" beneficiary to assign his/her interest in the policy to the Policy Owner. The form should be signed only by the irrevocable or "preferred" beneficiary(ies).

NOTE - If you are unsure whether the beneficiary under your policy is irrevocable or "preferred", please check with the Head Office of the Company or with your local field office.

3. **SIGNATURES** - when this form is signed by:
  - (A) A Corporation - The full name of the Corporation must be signed, with the signatures of two signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers signing the form should also be shown.
  - (B) A Firm or Partnership - The full name of the Firm or Partnership must be signed, with the signatures of all the partners.
  - (C) Note - If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized. The Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures. Any forms which require a notarial declaration cannot be sent in via facsimile; the originals must be received at the office of the Company.
  - (D) Spousal Consent: If you reside in or established this policy in a community or marital property state such as Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin, your spouse may be required to consent to the changes requested. It is your responsibility to determine whether spousal consent is required and failure to secure the necessary spousal consent may invalidate all or a portion of your change request. If you have any questions about this potential requirement, the Company strongly advises that you consult with your tax and/or legal advisor. By signing this form, you represent and warrant that your spouse has consented to this change request as applicable. Further, you agree to indemnify and hold the Company harmless from the consequences of making the changes requested in this form.

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### MAILING ADDRESS

#### Individual Life:

The Canada Life Assurance Company  
PO Box 174392  
Denver, CO 80217-4392