

This document may not adequately reflect the intentions of the parties. We strongly advise that all parties seek the advice of their own legal advisors before using this form.

NAME OF POLICYHOLDER _____

First Name _____ Last Name _____

Address _____

Province _____ Postal Code _____



For return of mail, please write the policyholder's name and address (please print).

<p>1. General Information</p> <p><i>Insured</i> refers to a person covered under the policy or an additional benefit. In the case of annuity or investment contracts, the <i>insured</i> is the <i>annuitant</i> or <i>contractholder</i>.</p>	<p>Policy No(s).</p>	<p>Name of Insured or Annuitant/Contractholder (First and Last Names)</p>												
<p>2. Assignment of Rights</p>	<p>By signing below, in exchange for value received, I transfer and assign the above policy(ies) by way of security for all present and future indebtedness to:</p> <p>Name of Creditor (please print)</p> <p>_____</p> <p>Address _____ Postal Code _____</p> <p>Signed at (location) _____ Date (dd/mm/yyyy) _____</p> <p>You and any irrevocable or preferred beneficiary under the Policy acknowledge that you have both read this form, including Section 2, and confirm that you understand and agree to assume the consequences of completing this form by signing below.</p>													
<p>3. Signatures</p> <p>If the current policyholder is a corporation, we require the signatures and titles of two signing officers, or the signature and title of one signing officer and the corporate seal.</p> <p>If the current beneficiary is an irrevocable or preferred beneficiary, he or she must sign this form to agree to the collateral assignment.</p>	<table border="1"> <tr> <td data-bbox="597 1272 1073 1362"> <p>Signature of Policyholder (and title, if applicable)</p> <p>X</p> </td> <td data-bbox="1073 1272 1531 1362"> <p>Name of Policyholder</p> </td> </tr> <tr> <td data-bbox="597 1362 1073 1434"> <p>Signature of Witness</p> <p>X</p> </td> <td data-bbox="1073 1362 1531 1434"></td> </tr> <tr> <td data-bbox="597 1434 1073 1505"> <p>Signature of Policyholder</p> <p>X</p> </td> <td data-bbox="1073 1434 1531 1505"> <p>Name of Policyholder</p> </td> </tr> <tr> <td data-bbox="597 1505 1073 1577"> <p>Signature of Witness</p> <p>X</p> </td> <td data-bbox="1073 1505 1531 1577"></td> </tr> <tr> <td data-bbox="597 1577 1073 1667"> <p>Signature of irrevocable or preferred beneficiary, if applicable</p> <p>X</p> </td> <td data-bbox="1073 1577 1531 1667"> <p>Name of irrevocable or preferred beneficiary</p> </td> </tr> <tr> <td data-bbox="597 1667 1073 1736"> <p>Signature of Witness</p> <p>X</p> </td> <td data-bbox="1073 1667 1531 1736"></td> </tr> </table>		<p>Signature of Policyholder (and title, if applicable)</p> <p>X</p>	<p>Name of Policyholder</p>	<p>Signature of Witness</p> <p>X</p>		<p>Signature of Policyholder</p> <p>X</p>	<p>Name of Policyholder</p>	<p>Signature of Witness</p> <p>X</p>		<p>Signature of irrevocable or preferred beneficiary, if applicable</p> <p>X</p>	<p>Name of irrevocable or preferred beneficiary</p>	<p>Signature of Witness</p> <p>X</p>	
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<p>Signature of Witness</p> <p>X</p>														

(The recording of this assignment in the books of the Insurer is no guarantee of its validity.)