



**INSTRUCTION FOR POLICY ASSIGNMENT**  
**(Security/Collateral for Loan)**

TO: Insular Life

Please effect the assignment of my Policy Number \_\_\_\_\_ (the "Policy") to:

CORPORATION/ENTITY ASSIGNEE		
Complete Business Name	Nature of Business	Date of Incorporation (mm/dd/yyyy)
Business Address		
Business Telephone Number	Email address	
Assignee's Authorized Representative	Designation	Unit/Department
INDIVIDUAL ASSIGNEE		
Assignee Name (Surname, Given Name, Suffix)	Date of Birth (mm/dd/yyyy)	Name of Spouse (if married)
Home Address		
Telephone Number/Mobile Number	Email address	

As the Policy Owner, I understand that during the effectivity of the assignment of this policy:

1. Only the basic death benefit, less any outstanding policy loan under this policy, shall be paid to the Assignee upon my untimely demise, to the extent of my outstanding obligation at the time of my death, subject to policy contract provisions.
2. I shall retain ownership of this policy.
3. The written consent of the Assignee may be required for certain policy transactions.
4. No further assignment can be allowed.
5. Insular Life assumes no responsibility for the validity or sufficiency of any assignment and I hereby relieve Insular Life, and all its trustees, officers, employees, and agents from any and all claims, damages, responsibilities, liabilities that may now or hereafter arise out of or in connection with the assignment.
6. I shall request for the cancellation of this assignment upon full settlement of my outstanding obligation to the Assignee and my submission of the required documents to Insular Life.

The assignment of this policy shall remain to be subject to all the terms and conditions of the policy contract and to any lien, charge or indebtedness now or hereafter existing against or on account of said Policy.

Further, when I submit a request relating to my insurance policies, I am aware of the need to disclose required personal information and sensitive personal information to Insular Life relating to myself as the policy owner, or the insured, or the beneficiaries, or the assignee, to enable the Company to process, administer and maintain my policies. I hereby allow the processing and sharing of such information to our subsidiaries, affiliates, agents, any medical information sharing facility, and other third parties for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, and examinations by regulators, internal and external auditors. I also confirm that I have sought the consent of the insured or the beneficiaries **or** the assignee, as may be applicable.

Attached is the Proof of Indebtedness relative to this instruction.

Done at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature over Printed Name of the  
Policy Owner / Assignor

Conforme:

\_\_\_\_\_  
Signature over Printed name of the  
Assignee/ Company Authorized  
Representative

\_\_\_\_\_  
Signature over Printed name of the  
Spouse of the Policy Owner

\_\_\_\_\_  
Signature over Printed name of the  
Irrevocable Beneficiary

\_\_\_\_\_  
Signature over Printed name of the  
Irrevocable Beneficiary

**WARNING:** It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)