



INSTRUCTION FOR TRANSFER OF OWNERSHIP
(ABSOLUTE ASSIGNMENT)

TO: Insular Life

Please effect the transfer of ownership of my Policy Number _____ (the "Policy") to:

INDIVIDUAL ASSIGNEE		
Assignee Name (<i>Surname, Given Name, Suffix</i>)	Date of Birth (<i>mm/dd/yyyy</i>)	Name of Spouse (<i>if married</i>)
Home Address:		
Telephone Number/Mobile Number	Email Address	

As the Policy Owner, upon transfer of ownership to the Assignee, I understand that:

1. All my rights, interests and obligations including payment of all premiums for the Policy are transferred to the Assignee.
2. Any Contingent Owner designation made under the Policy is automatically revoked.
3. The concerned parties in the assignment of policy hereby relieve Insular Life, and all its trustees, officers, employees, and agents, from any and all claims, damages, responsibilities and liabilities that may now or hereafter arise out of or in connection with this assignment.
4. All the terms and conditions of the Policy shall remain to be subject 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.

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.)