

Complete in duplicate and send both copies to Head Office. One copy will be returned.**Please print clearly.**

Policy no. _____

Life Insured or Annuitant _____

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_____
Assignee's address (*number, street, apartment*)_____
City_____
Province/State_____
Postal/Zip code

as the assignee's interest may appear.

Signature of Policyowner_____
Date (d/m/y)_____
Signature of Assignee_____
Signature of Policyowner_____
Date (d/m/y)_____
Signature of Assignee_____
Signature of Irrevocable or Preferred Beneficiary (*if any*)_____
Date (d/m/y)

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 then if this assignment had never been made.

Signature of Assignee_____
Date (d/m/y)_____
Signature of Assignee_____
Date (d/m/y)

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

INSTRUCTIONS

1. **COLLATERAL ASSIGNMENT** - This form can be used for an assignment as the assignee's interest may appear, under an Individual policy (not Group Insurance) issued in Canada or the United States. The form should be signed by the current owner(s) of the policy, by any irrevocable or preferred beneficiary, and by the assignee.

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.

2. **RELEASE OF ASSIGNMENT** - This form can be used by an assignee to release the interests which were assigned by the policyowner. The form should be signed by the assignee. The completed release should be sent to the Head Office of Canada Life.

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 authorized Officers of the Corporation, or the signature of one authorized Officer under the Corporate Seal and the official title of the Officer(s) 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.

NOTE - The Canada Life Assurance Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures.