

**FOR USE OUTSIDE QUEBEC**

NOTE: The Owner(s) and assignee take full responsibility that the form meets the legal requirements for the purpose(s) they seek to achieve and by signing and/or accepting this form Owner(s) and assignee confirm that they have had the opportunity to seek independent legal advice. Speciality Life Insurance is not responsible for the validity of the assignment.

**The assignment takes effect when it is recorded by Speciality Life Insurance.**

## 1. Contract Details

Policy number (s)

Owner's Last Name      Owner's First Name

Owner's Last Name      Owner's First Name

## 2. Assignment of Right

For value received, I/we transfer and assign my/our rights and interests in the above policy(ies) as security for my/our indebtedness, to the extent of the assignee's interest as it may appear from time to time to:

Name of Assignee (creditor)

Address

City      Province      Postal code

Signature of Assignee      Date (DD/MM/YYYY)

## 3. Signature of Owner(s) *All Owners must sign if there are multiple Owners*

Signature of Owner      Witness      Date (DD/MM/YYYY)

Signature of Owner      Witness      Date (DD/MM/YYYY)

## 4. Consent of Irrevocable Beneficiary

By signing below, the irrevocable beneficiary consents to the Assignment of Rights outlined in section 2:

Signature of Irrevocable Beneficiary      Witness      Date (DD/MM/YYYY)

Print name of irrevocable beneficiary

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## 1. Contract Details

Policy number(s)



Owner's Last Name

Owner's First Name



Owner's Last Name

Owner's First Name

## 2. Release of Collateral Assignments

If the assignee is a corporation, we require the signature of two signing officers. If the assignee is a financial institution, we require the signature of two officials of the financial institution. For value received, the assignee releases all rights and interests in the above policy(ies).

Name of Assignee (creditor)




Signature and Title of Assignee

Witness

Date (DD/MM/YYYY)




Signature and Title of Assignee

Witness

Date (DD/MM/YYYY)





Dated at

City:

Province:

Date: (DD/MM/YYYY)