

LIFE INSURANCE ASSIGNMENT QUESTIONNAIRE
(Prepare in triplicate and send two copies to company)

Date _____

To _____
INSURANCE COMPANY

Address _____ City _____ State _____ ZIP Code _____

From _____
BANK

Address _____ City _____ State _____ ZIP Code _____

Please supply information regarding your Policy No. _____ Insured _____

Please return this form in enclosed envelope.

Request this form in enclosed envelope.

Request authorized by:

TYPE OR PRINT NAME OF OWNER, IF OTHER THAN INSURED

By _____
BANK AUTHORIZED SIGNATURE

SIGNATURE OF OWNER (INSURED)

A. OWNERSHIP:

1. Is the ownership described above correct as to your records? _____

B. PREMIUMS:

1. Premium paid to _____ Annual _____ Semiannual _____ Quarterly _____ Monthly _____

2. Premium payment branch or agency office name and address _____

3. In the event of premium default:

(a) Is A.P.L. provision operative? _____

(b) Will you notify assignee in ample time for assignee to protect its collateral? _____

C. CASH VALUE:

1. Cash value as of _____ \$ _____ (Dividends excluded; loans not deducted)

DATE _____
2. Cash value of accumulated dividends \$ _____ additions \$ _____

D. ENCUMBRANCES:

1. Policy loans (if none, so indicate) \$ _____

2. Any existing assignments, tax liens, or other encumbrances on record? _____

If so, please describe _____

E. BENEFICIARY ARRANGEMENT:

Please send to us for execution the following or information indicated by (X):

() Form to designate insured's estate as beneficiary.

() Form to reinstate the present beneficiary arrangement subject to the proposed assignment to this bank.

() Form to provide that settlement with an assignee in the event of a death claim will be made in a single sum, or, if such form is not necessary, your assurance that it is your company's practice to make such a single sum settlement with an assignee.

F. SPECIAL QUESTIONS: (Use reverse side if additional space is required)

Date of Insurance Company's reply: _____

Above answers furnished by:

INSURANCE COMPANY

AUTHORIZED SIGNATURE