

1. Policy Reference Number(s)

2. Life Assured: Title

First Name(s)

Last Name

**Assignment - Absolute or as Collateral Security**

For value received, the undersigned hereby transfers and assigns to the person named below all rights and interests the above policy/ies:

Name

Address   
*(including street name, town, area code and country)*

**The undersigned hereby states that this assignment is:**  
(enter either 'absolute' or 'as collateral security')

Signed at  this  day of  20

Witness  Witness Signature of Assignee

or Policyholder if other than Life Assured

**Release of Collateral Assignment**

Name of Assignee

For value received, the assignee hereby releases all rights and interests in the above policy(ies) to such person or persons entitled as if the assignment had not taken place.

Signed at  this  day of  20

Witness  Witness Signature of Assignee

If a corporation is completing this form, then their corporate officer(s) must indicate their title(s):

**Please send two completed copies to the Company - one copy will be returned after registration.  
In all cases, you must ensure that the policy number and name of the Life Assured are provided.**

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unisure office, details of which are available on our website,  
or get in touch using our email address: [admin.life@unisuregroup.com](mailto:admin.life@unisuregroup.com)

