

COLLATERAL ASSIGNMENT

Use for other than Absolute Assignments



Policy Number

Name of Policy Owner

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

Street Address City, Province/State Postal/Zip Code

as the assignee's interest may appear.

Policy Owner(s) Date Policy Owner(s) Date

Policy Owner(s) Date Irrevocable or Preferred Beneficiary (if any) Date

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 them if this assignment had never been made. If the assignee is a company, we require the signature of two signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers signing the form must be shown.

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Assignee Date Assignee Date

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

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
THE GREAT-WEST LIFE ASSURANCE COMPANY
PO Box 85056
Lincoln, NE 68501-5056

INSTRUCTIONS

1. **COLLATERAL ASSIGNMENT** - This form can be used for an assignment as the assignee's interest may appear, under an individual policy issued in the United States. The form should be signed by the current owner(s) of the policy and by any irrevocable or "preferred" beneficiary.

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 policy owner. The form should be signed by the assignee. The completed release should be sent to the Head Office of the Company.
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 signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers 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.
 - (C) A Trustee - The Trustee is signing in a representative capacity and warrants that he or she has the legal authority to bind the entity on whose behalf this document is being executed. The name of the entity must also appear above the signature.

Note - If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized. The Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures. Any forms which require a notarial declaration cannot be sent in via facsimile; the originals must be received at the office of the Company.

We have the right to ask for additional information or documentation.

If state residence is covered under the Community Property provision, the signature of the owner's spouse is required under 'Other Required Signature'. If the owner is divorced or widowed, please provide a copy of the divorce decree or death certificate. Community Property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI.

MAILING ADDRESS

Individual Life:

The Great-West Life Assurance Company
PO Box 85056
Lincoln, NE 68501-5056

Great-West Life & Annuity Insurance Company
PO Box 85056
Lincoln, NE 68501-5056

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