

ASSIGNMENT OF POLICY AS COLLATERAL

1. General Information					
Name of Insured/Assignor (Last, First, MI):		Gender:	Birth Date (mm/dd/yyyy):		Place of Birth:
Name of Policy Owner/Assignor, if different from Insured (Last, First, MI):			Birth Date (mm/dd/yyyy):		Place of Birth:
Policy Number/s:	Occupation:	Nature of Business:		Employer/Business Address:	
Address Abroad (if applicable):			Email Address:		Citizenship:
2. Assignment					
Name of Assignee:				Telephone No.:	
Mailing Address:				Email Address:	

This assignment is intended to secure such indebtedness of the undersigned to the Assignee as may exist at the time of settlement under this policy. Furthermore, this assignment is expressly limited to such proceeds under the policy as may be necessary to liquidate such indebtedness, the remainder of the policy being unaffected hereby. Upon payment of the obligation hereby secured, this assignment shall become null and void upon notice of such payment in writing to MANILA BANKERS LIFE INSURANCE CORPORATION.

3. Signatures			
Name and Signature of Insured/Assignor:		Place Signed:	Date Signed:
Name and Signature of Policy Owner/Assignor:		Name and Signature of Irrevocable Beneficiary:	
Name and Signature of Assignee (if Corporation, indicate title of signing officer):		Name and Signature of Irrevocable Beneficiary:	

REPUBLIC OF THE PHILIPPINES)
) S.S.

At _____ this _____ day of _____ 20 ____ personally appeared before me, the undersigned _____, known to me and to me known to be same person/s who executed the foregoing instrument and acknowledged to me that the same person/s who executed the foregoing instrument and acknowledged to me that the same is his/her/their own free and voluntary act and deed.

The government issued ID’s presented to me are as follows:

NAME	GOVERNMENT ISSUED IDENTIFICATION CARD/ IDENTIFICATION CARD NUMBER
_____	_____
_____	_____
_____	_____

WITNESS MY HAND SEAL on the date and at the place herein above written.

NOTARY PUBLIC

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Series of _____