

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

("We, "Us", or "the Company")

Collateral Assignment of Policy

State of	Policy Number		
County of	Insured		
Policyowner			
Address	City	State	ZIP
Assignee			
Address	City	State	ZIP

For valuable consideration, receipt of which is hereby acknowledged, the undersigned policyowner hereby assigns and transfers to the Assignee designated above, this policy, any supplementary contracts and benefits issued in connection therewith, and any policy issued in lieu thereof, together with all claims, options, privileges, rights, title and interest therein, subject to the terms and conditions of the policy and to all superior liens the Insurer may have against the policy, except the right to change the beneficiary, the right to select any optional mode of settlement permitted by the policy and the right to receive any disability payments which may become payable under the policy, provided such payments do not reduce the face amount of said policy, all of which rights are reserved to the undersigned.

In furtherance and not in limitation of the foregoing assignment, the Assignee shall have the right to, upon submission of proper proof of claim, collect only the amount of the Assignee's interest at the time of death claim or maturity, as determined by documentation provided at that time by the Assignee. Any remaining balance of the net proceeds shall, upon proper proof of claim, be paid to the beneficiary(ies) of record by the Insurer. In no event shall the Assignee be entitled to any return of premium due under this policy or any rider or amendment thereto.

This Assignment is made and the policy is to be held as collateral security for any and all liabilities of the undersigned to the Assignee whether now existing or hereafter created in the ordinary course of business between the undersigned and the Assignee. It is specifically agreed that the Insurer is authorized hereby to recognize the Assignee's claims to rights hereunder without investigating the reason for any action taken by the Assignee or the validity or amount of the liabilities of the undersigned to the Assignee or the existence of any default therein. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the policy assigned herein, and the sole receipt of the assignee for any sums received shall be a full discharge and release therefore to the Insurer. Checks for any sums requested by the Assignee and payable under this policy shall be drawn to the exclusive order of the Assignee. The Assignee covenants and agrees that any balance of sums received hereunder from the Insurer remaining after payment of the then existing liabilities matured or unmatured, shall be paid by the Assignee to the persons entitled thereto under the terms of the policy had this Assignment not been executed. The Assignee will not exercise either the right to surrender the policy or (except for the purpose of paying premiums) the right to obtain policy loans from the Insurer, until there has been default in any of the liabilities or a failure to pay any premium when due.

THIS ASSIGNMENT DOES NOT EFFECT A CHANGE OF BENEFICIARY.

Americo Financial Life and Annuity Insurance Company shall have no responsibility for the validity or sufficiency of this Assignment.

Executed and effective on _____
(Date)

Witness Signature

Policyowner Signature

IMPORTANT! Assignment must be executed and forwarded to the home office for recording, after which, a recorded copy will be sent to the Assignee. In recording this Assignment, the Company incurs no obligation to send the Assignee copies of premium notices or receipts.

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Release of Assignment of Insurance Policy

Whereas, by a certain assignment, dated _____ Policy No. _____

Insurance Company Name _____

on the life of _____

was transferred to _____

the undersigned, as collateral security for indebtedness.

THIS IS TO CERTIFY that the said indebtedness has been paid in full and said Assignment is hereby cancelled and fully voided and the said Policy and all rights thereunder are hereby fully released and discharged from said Assignment.

Date

Witness

Signature

Title