

**CLIENT SERVICES DEPARTMENT****COLLATERAL ASSIGNMENT**

This Form May Be Used
For More Than One Policy

POLICY #

Loan # _____

INSURED -

FOR VALUE RECEIVED, the undersigned, hereby assign, transfer and convey as collateral security to the following named Assignee the above listed policy(ies) issued by the **LIFE INSURANCE COMPANY OF BOSTON & NEW YORK**. The amount assigned will be equal to the outstanding balance owed the Assignee for the Loan Number provided above.

ASSIGNEE	NAME	ADDRESS

1. It is expressly agreed without detracting from the generality of the foregoing that the following specific rights are included in this collateral assignment and pass by virtue hereof:
 - a. The sole right to collect from the Company the net proceeds of the Policy(ies) or contract(s), or of any benefit or rider which is a part of the policy(ies) or contract(s) when it becomes a claim by death or maturity.
 - b. The sole right to surrender or borrow on the policy(ies) or contract(s) or any benefit or rider which is a part of the policy(ies) or contract(s) and to receive the surrender or loan value thereof at any time provided by the terms of the policy.
 - c. The sole right to exercise or elect all nonforfeiture benefits or options permitted by the terms of the policy(ies) or contract(s) or allowed by the Company, and to receive all benefits and advantages derived therefrom.
 - d. The sole right to collect and receive all dividends, dividend deposits, or paid-up additions to the policy(ies) or contract(s) now or hereafter made or apportioned thereto, and to exercise any and all dividend options contained in the policy(ies) or contract(s); provided, that unless and until Assignee notifies the Company in writing to the contrary, dividends will continue to be applied under the dividend option in force at the time of this Assignment.
2. It is expressly agreed that the following specific rights, while the policy(ies) or contract(s) remain in force, are reserved and excluded from this collateral assignment and do not pass by virtue hereof:
 - a. The right to collect from the Company any disability payable in cash that does not reduce the amount of life insurance.
 - b. The right to designate and change the beneficiary
 - c. The right to elect any settlement option permitted by the policy(ies) or contract(s) or allowed by the Company.
3. It is expressly agreed that the sole signature of the Assignee shall be sufficient for the exercise of any rights under the policy assigned hereby and the sole receipt of the Assignee for any sums received shall be a full discharge and release therefor to the Company.
4. Each of the undersigned declares that no proceedings in bankruptcy are pending against him.

XXX--XX--_____

Social Security Number (*Last 4 digits*)_____
Date_____
Signature of Owner_____
Witness (for all signatures)_____
Signature of Spouse (*If issued in a Community Property State*)

ACKNOWLEDGEMENT OF REQUEST – Please Attach to Policy

THE LIFE INSURANCE COMPANY OF BOSTON & NEW YORK, without assuming any responsibility for the authenticity or validity of this assignment, has recorded and retained the original document on file.

Dated at Canton, Mass. _____ By _____
Secretary

Assignment Form 84

231-007 NY 5/12

INSTRUCTIONS

1. Use this form for assignments for collateral security only. Do not use this form for change of ownership. If the assignment is to apply to more than one policy or annuity, list all applicable policy and annuity numbers.
2. Use complete names (John J. Smith, not J.J. Smith)
3. If any person required to sign this form resides in a **community property state (AZ, CA, ID, LA, NV, NM or WA)**, Also in **LA**, but **ONLY** if the new owner will be "The Estate", the spouse of such person must also sign. If the spouse is deceased, a death certificate is required. If there has been a divorce, please furnish a certified copy of the divorce decree and property settlement agreement or decree.
4. Check to see that this form is completed fully and legibly, and signed by all necessary persons.

Mail or fax the completed form to Life Insurance Company of Boston & New York:

**Client Services Department
Life Insurance Company of Boston & New York
PO Box 219
Canton, Massachusetts 02021-0219
Fax # - (800) 645-2317**

THE COMPANY WILL NOT RECOGNIZE ANY ASSIGNMENT OF WHICH IT HAS NO NOTICE

5. **Please do not submit your Policy or Annuity with this form.** An acknowledged copy will be returned to you.
6. The Release of Assignment provision may be utilized to release the assignment contained herein or of any other life insurance policies or annuity contracts issued by The Life Insurance Company of Boston & New York which have been collaterally assigned to secure an indebtedness or obligation.

RELEASE OF ASSIGNMENT

The undersigned, being the Assignee of Annuity or Policy No.(s) _____, hereby gives notice to the Company that the indebtedness or obligation for which the assignment was security has been fully paid and discharged, and hereby cancels the assignment and releases and surrenders all rights and claims under the assignment.

Witness my hand this _____ day of _____, 20_____.

Loan # _____
Signature/Title _____

Recorded by the Company
at its Home Office
Name of Assignee _____
Residential Address _____

Date: _____

AFTER THE ABOVE RELEASE IS EXECUTED, IT SHOULD BE SENT TO THE COMPANY TO BE RECORDED.

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