

## Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

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www.transamericalifebermuda.com Co. Reg. No.: T05FC6768E

## RELEASE OF ASSIGNMENT OF POLICY AS COLLATERAL SECURITY FORM

## IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (TLB).

This form does not change the beneficiary of the policy whose rights are subject to the assignee's.

If the assignee's name has changed or takeover/merger is involved, attach certified copy of document issued by the controlling regulatory authority indicating such.

Insured's Name		Policy Number		
Policy Owner's Name				
For good and sufficient consideration, the undersigned releases all rights, title and interest in this policy held under the assignment dated (dd/mm/yyyy). The rights of the policy owner, beneficiary and any other assignee under the policy shall be the same as though such assignment to the undersigned had never been made.				
				☑ Select the box that applies
Release of Assignment Authorised Signature	t by:			
Signed at	(Country)	Date		dd/mm/yyyy)
Name				
Signature (include Title	e, if Corporation or Trust)			х
Signature of Witness				
Signed at	(Country)	Date		dd/mm/yyyy)
Name				
ID Number		Signature		
Type				х
Address				

## Release of Assignment This release of assignment has been recorded at the insurer's branch office. The insurer assumes no legal responsibility for the sufficiency or validity of this release of assignment. Date Recorded | \_\_\_\_\_\_\_ (dd/mm/yyyy) | By