

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 by:

Authorised Signature			
Signed at	(Country)	Date	_____ (dd/mm/yyyy)
Name			
Signature (include Title, if Corporation or Trust)		X	

Signature of Witness			
Signed at	(Country)	Date	_____ (dd/mm/yyyy)
Name			
ID Number		Signature	
_____ Type <input type="checkbox"/> NRIC <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		X	
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	<input type="text" value=" _ _ _ _ _ _ _ _ _ "/> (dd/mm/yyyy)	By	<input type="text"/>
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