

COLLATERAL ASSIGNMENT/RELEASE OF ASSIGNMENT

Policy Number	Life Insured/Annuitant
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Assignment - As Collateral Security

For value received, the undersigned hereby transfers his rights, interest and title in this policy to the below named assignee to the extent of his indebtedness.

Full Name of Assignee _____

Address No _____ Street _____ Apt. # _____

Town/City _____ Prov. _____ Postal Code _____

Dated at: _____ this _____ day of _____ 20____.

Witness _____

Policyowner _____

Witness _____

Beneficiary, where applicable _____

Release of Collateral Assignment

Name of Assignee

For value received, the assignee hereby releases all rights and interest in the above policy.

Dated at: _____ this _____ day of _____ 20____.

Witness _____

Signature of Assignee _____

Witness _____

Signature of Assignee _____

For Head Office Only

This document has been registered by Foresters Life Insurance Company but no responsibility is assumed for its validity.

Registered on _____ by _____.