Federal Life Insurance Company
PO Box 147 • Lincolnshire, Illinois 60069
(800) 233-3750 • www.federallife.com

Collateral Assignment

For value received, I, _____, hereby collaterally assign Contract
Name of Owner (or Beneficiary if the Insured is deceased)

Number(s)_____, on the life of _____, issued by Federal
Policy or Contract Number(s) Name of Insured

Life Insurance Company, together with all rights, title, and interest thereunder, including all proceeds thereof and all sums of money, benefits, rights, powers, privileges, and advantages whatsoever, now due or hereafter to arise, the sum as the Assignee's interest may appear but not to exceed $_____, to:
Maximum Amount of Assignment

_____
Printed Name of Assignee

_____
Assignee's Mailing Address City State Zip Code Phone Number

_____
Signature of Assignee Email Fax

The right to change the beneficiary, subject to the rights of the assignee, is reserved and this assignment does not and is not intended to change or revoke the beneficiary designation now in effect for this contract. Any balance of sums remaining thereunder after payment of the then existing liabilities to the assignees, shall be paid to the persons entitled thereto under the terms of the contract had this assignment not been executed. The Company is hereby authorized to recognize the assignee's claims to rights hereunder without investigating the reason for any action taken by the assignee, or the validity or the amount of the liabilities of the undersigned to the assignee or the existence of any default therein, or the application to be made by the assignee of any amounts to be paid to the assignee. The sole signature of the assignee shall be sufficient for the exercise of any rights under the contract assigned hereby and the sole receipt of the assignee for any sums received shall be a full discharge and release therefore to the Company. This assignment is subject to the terms and conditions of the contract and to any existing indebtedness under the contract.

_____
Signature of Owner (or Beneficiary if the Insured is deceased) Printed Name Date

_____
Spouse's Signature (required in AZ, CA, ID, LA, NV, NM, TX, WA, WI) Printed Name Date

For Home Office Use Only

Federal Life Insurance Company acknowledges receipt of and agrees to this Collateral Assignment request.

_____
Company Reprentative Date

Clear Form