


**FEDERAL
LIFE**
Federal Life Insurance Company

PO Box 147, Lincolnshire, IL 60069

800-233-3750

www.federallife.com

Collateral Assignment Form

A. Contract Information	1. Contract Number(s) 		
	2. Insured's Name 		
	3. Owner Name(s) <i>Note: If insured is deceased, list the name(s) of the beneficiary(ies) who is/are requesting assignment of death proceeds.</i>	(a) (b) (c) 	
B. Assignment of Rights	For value received, I/we hereby assign to the Assignee identified below, as collateral security for indebtedness owed to the Assignee, all right, title, and interest in the above-referenced Contract Number(s) issued by Federal Life Insurance Company, including all proceeds, benefits, powers, privileges, and advantages now due or that may become due in the future, to the extent of the Assignee's interest therein.		
	4. Name of Assignee (creditor) 		
	5. Assignee Tax ID Number (TIN) 	6. Amount Assigned (\$) 	
	7. Contact Information	(a) Mailing address (b) City (d) State (e) ZIP (f) Phone Number (g) Email 	
	8. Signature of Assignee _____ Printed Name & Title _____ Date _____		
C. Owner Signature(s)	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.		
	9. Signature of Owner or Beneficiary* _____ Printed Name _____ Date _____ <i>*If more than one beneficiary is assigning their portion of the death proceeds, have all remaining beneficiary(ies) sign in the blank space at the bottom of this form.</i>		
	Signature of Joint Owner or Owner's Spouse** (if applicable) _____ Printed Name _____ Date _____ <i>**Required if the Owner permanently resides in one of the following states: AZ, CA, ID, LA, NV, NM, TX, WA, WI</i>		
Space for additional owner/beneficiary names & signatures (if needed):			