

Slovak Catholic Sokol

Herein called SCS

-A Fraternal Benefit Society-

205 Madison Street, P.O. Box 899 • Passaic, NJ 07055-0899

Telephone: (855) 874-9179 • FAX: 973-779-8245

Absolute Assignment of Certificate

This Agreement made this _____ day of _____, 20 __, by and between _____, City of _____, County of _____, State of _____ hereinafter referred to as ASSIGNOR, and _____, City of _____, County of _____, State of _____, hereinafter referred to as ASSIGNEE.

1. For value received, Assignor hereby assigns irrevocably to the Assignee all of their interest in the Annuity/Life Insurance policy, excepting Fraternal Benefits provided therein specifically to the member Assignor and being Certificate Number _____, issued by SCS, 205 Madison Street, P.O. Box 899, Passaic, NJ 07055-0899.
2. Assignor may not change beneficiary.
3. ASSIGNOR AGREES THAT:
 - a. Assignee or their legal representative may at any time, in Assignee's own name, for Assignee's own benefit, and without joinder of anyone, exercise all privileges of ownership in said certificate excepting the fraternal benefits therein provided retained by the Assignor.
 - b. This assignment is subject to any claims of the SCS for payment of indebtedness and interest thereon now or hereafter outstanding against said certificate.

The ASSIGNOR, as owner of the above certificate, warrants that they possess sole interest in the certificate above assigned and that no insolvency proceedings of any kind are pending against them.

IN WITNESS WHEREOF, the ASSIGNOR has executed this assignment in the City of _____, State of _____, the date and year first written above.

Assignor Signature: _____

SSN or EIN: _____ Assignor date of birth: _____

Assignee Signature: _____

Complete Address: _____

SSN or EIN: _____ Assignee date of birth: _____

Email Address: _____