

# Slovak Catholic Sokol

*A tradition of providing sound financial protection and benefits to our members.*

## Assignment of Certificate of Life Insurance / Annuity

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. The value received, Assignor hereby assigns to Assignor all of his interest in the Life Insurance/Annuity, excepting Fraternal Benefits given therein specifically to the member Assignor and being Certificate Number \_\_\_\_\_, issued by the Slovak Catholic Sokol, 205 Madison Street, Passaic, NJ 07055.
2. Assignor may change his beneficiary presently designated, and may designate as beneficiary his executors or administrators at the time of this assignment.
3. ASSIGNOR AGREES THAT:
  - a) Assignee or his 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, and any supplemental agreement made a part thereof.
  - b) The assignment is subject to any claims of the Slovak catholic Sokol for payment of indebtedness and interest thereon now or hereafter outstanding against said certificate

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

ON WITNESS WHEREOF, the ASSIGNOR has executed this assignment in the City of \_\_\_\_\_, state of \_\_\_\_\_, the date and year first above written.

\_\_\_\_\_  
Signature of ASSIGNOR

\_\_\_\_\_  
Print ASSIGNOR Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature of ASSIGNEE

\_\_\_\_\_  
Print ASSIGNEE Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security or Federal ID No

\_\_\_\_\_  
Signature of ASSIGNEE (Optional)

\_\_\_\_\_  
Print ASSIGNEE Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security or Federal ID No

\_\_\_\_\_  
Signature of ASSIGNEE (Optional)

\_\_\_\_\_  
Print ASSIGNEE Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security or Federal ID No

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Date