

**Assignment of Policy as Collateral**  
**Individual Insurance Division**

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company  
Individual Policyowner Services • 400 Robert Street North • St. Paul, Minnesota 55101-2098

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Contact us by phone: 1-800-643-5728 or by fax: 651-665-6955

**Important Instructions:**

1. If the assignee is a business, a Corporate/Non-Profit Resolution form or the company's equivalent is required.
2. If the assignee is a trust, a Certification of Trustee Authority form is required.
3. If the assignee is a partnership, a Partnership/Limited Liability Company Resolution form is required.
4. If the assignee is an individual, an Identity Verification form is required.

**The above forms acknowledge the names and signatures of individuals authorized to act on behalf of the entity. They are required in order for Minnesota Life to administer all future requests for information or transactions.**

Policy No. \_\_\_\_\_ issued on the life of \_\_\_\_\_  
by MINNESOTA LIFE INSURANCE COMPANY (herein called the Company).

For value received. I hereby sell, assign, transfer, and set over to:

Name of Assignee \_\_\_\_\_

Address of Assignee \_\_\_\_\_  
as his, their, or its interest may appear, all my right, title and interest to the above-described policy.

I understand this assignment is not binding on the Company unless acknowledged by a Registrar or other officer and that the Company assumes no responsibility for the validity or effect of this assignment.

**NOTICE TO ASSIGNEE** – *This assignment is subject to: 1. The term of the policy. 2. Any interest of the Company. 3. The interest of any prior assignee. When submitting a claim, assignee must prove interest and extent thereof.*

Dated \_\_\_\_\_ Policyowner's signature X \_\_\_\_\_

Witness \_\_\_\_\_

Duplicate assignment received and filed by MINNESOTA LIFE INSURANCE COMPANY.

Registrar \_\_\_\_\_ Date \_\_\_\_\_