



Transamerica Life (Bermuda) Ltd.  
 Singapore Branch Office  
 1 Finlayson Green  
 #13-00  
 Singapore 049246  
 Co. Reg. No. F 06768D

## Assignment to Transfer Ownership for Life Insurance Policies

*This form cannot be used for Annuity Plans or Contracts  
 (This form does not change the beneficiary of the Policy)*

Insured's Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Current Owner's Name: \_\_\_\_\_

Address of Current Owner: \_\_\_\_\_

Is this Policy subject to additional Assignment?  Yes  No

If Yes, please name assignee. \_\_\_\_\_

**THIS FORM WILL NOT BE RECORDED IF MODIFIED UNLESS APPROVED IN ADVANCE BY THE COMPANY'S BRANCH OFFICE.**

For good and sufficient consideration  As a gift for love and affection with no value consideration.

All rights, title and interest of and in the undersigned in the Policy is hereby assigned for the purpose of transferring ownership to:

The new Owner is:  Individual  Corporation  Trust, dated \_\_\_\_\_  
 Partnership  Other, describe \_\_\_\_\_

Is the new Owner a U.S. person for tax purposes?  Yes  No

If Yes, please provide Tax Identification No. \_\_\_\_\_

NAME OF NEW OWNER: \_\_\_\_\_ New Owner's NRIC/Passport No./SSN/Reg. No. \_\_\_\_\_

TRUSTEE(S) NAME IF TRUST OWNER: \_\_\_\_\_

ADDRESS OF NEW OWNER: \_\_\_\_\_

The Contingent Owner is:  Individual  Corporation  Trust, dated \_\_\_\_\_  
 Partnership  Other, describe \_\_\_\_\_

NAME OF CONTINGENT OWNER

(Optional): \_\_\_\_\_ Contingent Owner's NRIC/Passport No./SSN/Reg. No. \_\_\_\_\_

TRUSTEE(S) NAME IF TRUST CONTINGENT OWNER: \_\_\_\_\_

ADDRESS OF CONTINGENT OWNER: \_\_\_\_\_

Before the death of the Insured, the New Owner of the Policy alone shall be entitled to exercise all rights granted by the Policy or allowed by the Company under the Policy, including the right to assign the Policy and the right to transfer ownership. If the New Owner is a Partnership, all rights of the Owner belong to the Partnership as constituted at the time a right is exercised. This Assignment revokes any previous designations of Contingent Owner for the Policy, regardless of whether a Contingent Owner is designated on this Assignment. If this Assignment includes a designation for a Contingent Owner, then if the Owner, or a Contingent Owner after becoming Owner, predeceases the Insured, the next successive living Contingent Owner designated shall be the Owner of the Policy. If there is no surviving Contingent Owner, the estate of the deceased Owner (or the estate of the last Contingent Owner who became the Owner) shall own the Policy.

**Beneficiary Not Changed:** This Assignment does not change the beneficiary of the Policy. Unless the right to change the beneficiary is specifically exercised by the New Owner, the beneficiary of the Policy shall be the same as the beneficiary of record at the time of this Assignment.

The Company may rely solely upon the signature of the Owner(s) under this Assignment for any receipt, release, waiver, transfers or other instruments, to whomsoever made. The validity of this Assignment is hereby guaranteed by the undersigned. The signature on this Assignment is a warranty that the undersigned is legally capable of executing this Assignment and that no proceedings in insolvency or bankruptcy have been instituted by or against the undersigned. If there are more than one Owner of the Policy, the signatures of all Policy Owners are required to exercise any right in the Policy.



**ASSIGNMENT BY: (Signature Requirements)**

Signed at: \_\_\_\_\_ on \_\_\_\_\_  
City, Country Date (mm/dd/yyyy)

\_\_\_\_\_  
Current Owner's Daytime Telephone No.

\_\_\_\_\_  
Current Owner's NRIC/Passport No./Entity ID

\_\_\_\_\_  
Signature of Current Owner (include Title, if Corporation or Trust)

\_\_\_\_\_  
Witness to Signature of Current Owner

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Signature of New Owner (include Title, if Corporation or Trust)

\_\_\_\_\_  
Witness to Signature of New Owner

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Collateral Assignee (if any) Name & Title

TOA 504SG-406

**TRANSFER OF OWNERSHIP**

This Assignment has been recorded at the Company's Branch Office. The Company assumes no legal responsibility for the sufficiency or validity of the Assignment.

Date recorded: \_\_\_\_\_ by: \_\_\_\_\_

**Signature Requirements**

**INDIVIDUAL OWNER(S)** - Individual must sign on the provided for "Owner".

**PARTNERSHIP IS THE OWNER** - Two authorized partners must sign below the name of the partnership, the title "Partner" must follow each signature.

**CORPORATION IS THE OWNER** - One officer other than the Insured must sign below the name of the corporation. The officer's title (President, General Manager, Vice President, Secretary or Assistant Secretary) and company stamp must follow the signature. A corporate resolution is required to support any other signature.

**TRUST IS THE OWNER** - The trustee(s) must sign above wording similar to the following: "John Doe, trustee under XYZ Trust dated June 1, 1984." A verification of Trust Agreement form should also be completed whenever the trust is named as the Owner.

**GUARDIAN OR CONSERVATOR OR AGENT ACTING UNDER A POWER OF ATTORNEY** - The signature of a guardian or conservator or an agent acting under a power of attorney, (whichever applies) must sign on behalf of the Owner. Certified copies of the letters of guardianship/conservatorship and the court order that authorizes the change must also be submitted if acting under a guardianship/conservatorship. For those acting under a Power of Attorney, an affidavit of agent and the Questionnaire Accompanying the Power of Attorney must also be completed, and the complete Power of Attorney document attached.

**COLLATERAL ASSIGNMENTS** - If the Policy has been collaterally assigned, a representative of the collateral assignee must also sign the form in the space below the current owner's signature on the front of this form.

**Special Provisions:**

This Assignment includes any rider or supplementary agreement attached or relating to the Policy. This Assignment shall apply to any Policy issued in exchange for or as a conversion of the Policy. If this Assignment is made to any trust, the Company shall not be bound by any trust agreement or responsible for the application of any Policy proceeds paid to trustee of any such trust.

- Be sure to show the Policy Number and Insured's Name at the top of this form. Use a separate form for each Policy.
- Do not send the Policy. Once the Assignment to Transfer Ownership has been recorded, a copy will be sent to both the new Owner and the former Owner as confirmation of the change.

**Corporate Resolution to Assign**

The form is for the assistance of a corporate assigner's attorney and may be used instead of a separate certified resolution if it is sufficient.

RESOLVED THAT \_\_\_\_\_  
(name and title)

and \_\_\_\_\_  
(name and title)

of this corporation be, and they are hereby authorized, directed and empowered, as the act and deed of this corporation, to execute an Assignment in favor of \_\_\_\_\_  
(name and title)

of all the rights, title and interest of this corporation in and to Policy No. \_\_\_\_\_

on the life of \_\_\_\_\_  
(name)

such Assignment being understood to include any rider of supplementary agreement attached to or relating to the Policy.

\* \* \* \* \*

I, \_\_\_\_\_ Secretary of \_\_\_\_\_ a corporation, do hereby certify the foregoing to be a true and correct copy of a resolution adopted at a meeting of the Board of Directors of said corporation on \_\_\_\_\_ year: \_\_\_\_\_, and that the number of members required for quorum was present.

I further certify that no bankruptcy proceedings are now pending against said corporation and that the resolution authorizing such action has not been revoked.

IN WITNESS WHEREOF, I have hereunder set my hand officially and affixed the seal of this corporation on

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Secretary