

AURORA

AN RGA COMPANY

PO Box 4336, Clinton, IA 52733-4336 · 800-265-2652

ABSOLUTE ASSIGNMENT OF POLICY

Percentage _____

FOR VALUE RECEIVED, the sufficiency of which is hereby acknowledged, all right, title and interest of the undersigned in and to

Policy No. _____ upon the life of _____
(One Policy Only) (Name as shown on Policy)

Issued or assumed by Aurora National Life Assurance Company is hereby assigned to _____

Of _____
(Street and Number) (City or Town) (State or Province)

with the right to exercise any and all privileges and powers therein contained and to receive any and all benefits to be derived therefrom without notice to or consent of the undersigned or either of them, all subject to the conditions of said Policy, any assignment or lien in favor of said Insurance Company and any existing pledge or assignment of which said Company has been notified in accordance with the terms of said Policy.

This assignment includes any supplementary agreement or separate contract, providing for additional benefit of any nature whatsoever including benefits for accidental death, dismemberment and accident or sickness disability, which may have been issued on the aforesaid life in conjunction with said Policy.

This assignment shall apply to and be effective under any policy issued in exchange for, or as a renewal or conversion of, said Policy.

If this assignment is made upon any trust, said Insurance Company shall not be bound by any trust agreement nor be responsible for the application of any payments made under said Policy, any may rely solely upon the signature of said assignee to any receipt, release, waiver or any transfer or other instruments, to whomsoever made, purposing to affect this assignment or any rights thereunder.

The validity of this assignment is hereby guaranteed by the undersigned.

The signature to this assignment is a warranty that the undersigned is legally capable of executing this assignment and that no proceeding in insolvency or bankruptcy have been instituted by or against the undersigned.

IN WITNESS WHEREOF, _____ have hereto set _____ hand(s) and seal(s) this _____ day of _____, _____.

(Day) (Month) (Year)
Date _____ SIGNATURE _____

OWNER OF POLICY- ASSIGNOR

Date _____
ASSIGNEE

Date _____
OTHER REQUIRED SIGNATURE

Date _____
OTHER REQUIRED SIGNATURE

NOTARIAL ACKNOWLEDGMENT

State of _____)

County of _____) ss.

On _____, before me, _____, Notary Public, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they/ executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),

Or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (SEAL)

If not signed in the presence of one notary; separate notarial acknowledgments are required.

ABSOLUTE ASSIGNMENT OF POLICY

NOTE: This form is for the assistance of a corporate assignors attorney and may be used instead of separate certified resolution if it is sufficient.

RESOLUTION TO ASSIGN

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 of New Owner)

Of all right, title and interest of this corporation in and to policy No. _____

insuring _____

whereunder, Aurora National Life Assurance Company is the insurer, such assignment being understood to include any rider or 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 _____ 20_____, and that the number of members required for a 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)

(Year)

(Secretary)