



Date of Agreement: \_\_\_\_\_

The assignment form for an annuity or life insurance contract allows the policyholder to transfer rights or benefits to another party.

**I. Assignor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Contract Information**

Contract Number: \_\_\_\_\_

Face value/Cash value: \_\_\_\_\_

Issued By: FCSU Financial®, 6611 Rockside Road, Suite 300, Independence, OH 44131-8013

**III. Assignee Information**

Name: \_\_\_\_\_

\*Date of Trust (if applicable): \_\_\_\_\_

Grantor(s) (if applicable): \_\_\_\_\_

Trustee(s) (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**\* Additional requirement: Submit a copy of Trust Agreement, Form W-9**

**IV. Assignment Details**

1. Assignment of Interest: I, the Assignor (or legal representative), hereby assign all my interest in the above-mentioned Annuity Contract/Life Insurance Policy to the Assignee, except for any Fraternal Benefits specifically provided for me.
2. The right to receive benefits and proceeds from the Policy Warranties: I, the Assignor, confirm that I hold the sole interest in the above policy.
3. Revocation of Previous Assignments: This assignment supersedes any previous assignments made by me, the policyholder, regarding the above policy.
4. Rights Assigned: By assigning the policy to the Assignee, I enable the Assignee to access the benefits of the policy, which may include receiving payouts/dividends, the ownership rights, beneficiary rights or the right to make policy changes.
5. Beneficiary Changes: I understand that I may not change my designated beneficiary at any time.
6. Severability: If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable.

**V. Signatures:**

**Assignor Name:** The form must be signed in front of a Notary (see the Notary section at the bottom of this page).

Print Name: \_\_\_\_\_

**Assignees' Signature(s):**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The required information for additional assignees if the trust or entity is involved.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS***

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This form was signed before me on \_\_\_\_\_, by \_\_\_\_\_

(Print name of Assignor or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Assignor/ Authorized Individual

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Stamp/Seal

Home Office Employee verified on \_\_\_\_\_ Initials: \_\_\_\_\_