

# Release of Assignment as Collateral Security



In this form, *you* and *your* refer to the policy owner while *we*, *us*, *our* and *the Company* refer to Sun Life of Canada (Philippines), Inc., a member of the Sun Life Financial group of companies.

This form has been printed by the Company for your convenience but is not suitable for all purposes. Make sure it will carry out your intentions before signing. The Company cannot be responsible for the effect or sufficiency of the completed form.

PRINT clearly. Use BLACK ink.

For value received, the policy as indicated below, is hereby released and the rights and interest of the assignee are hereby cancelled and annulled.

## 1 General Information

Policy Owner (Last Name, First Name, M.I.)	Policy Number(s)
Life Insured (Last Name, First Name, M.I.) (Complete if the life insured is not the policy owner)	
Assignee	

## 2 Signature

This section must be signed by the assignee. If the assignee is an institution (e.g. bank/company), the signature and title of a signing officer is required. The Corporate Secretary's Certificate attesting to the authority of the signatory must be submitted together with this form.

The witness should be a disinterested person and his/her address should be provided.

Signature of Assignee X	Printed Name
Title of Authorized Signatory	
Signature of Witness X	Printed Name
Address of Witness (no., street, municipality/city, province, country, zip code)	
Place of Signing	Date of Signing (day/month/year)

## 3 For Company Use Only

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