Deed of Assignment (Not In Trust)

ZURICH

Plan Number(s)
(If applicable)

Note:
Please complete in BLOCK CAPITALS.

A Name of Policy Owners (Trustees)

Policy Owner One

Policy Owner Two

This Assignment is made by the person(s) named below in the Schedule of Assignors (the **"Assignor"**), on

Date

1. The Assignor(s) want(s) to transfer his/their interest in the Plan to the person(s) named below in the Schedule of Assignees (the **"Assignee"**).

2. The Assignor(s) hereby assign(s) all his/their interest in the Plan to the Assignee, absolutely.

B Schedule of Assignors

Signed as a Deed by the Assignor:

Policy Owner One
Please sign and date.

Policy Owner One Signature
X

Date

Witness
Please sign and date.

Witness Signature
X

Date

Address of Witness

Policy Owner Two
Please sign and date.

Policy Owner Two Signature
X

Date

Witness
Please sign and date.

Witness Signature
X

Date

Address of Witness

C Schedule of Assignees

Full Name

Address

Contact Number

Assignee

Please sign and date.

Assignee Signature

X

Date

Witness

Please sign and date.

Witness Signature

X

Date

Zurich Life Assurance plc
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