Protective Life Insurance Company

time of the assignment.

Life and Health Insurance Administration P.O. Box 12687 Birmingham, AL 35202-6687

Polic	ey No:	Insured:	Owner:		
	PARTIAL ASSIGN	MENT OF POLICY AS	COLLATERAL SECU	IRITY	
For value received, and as security for the indebtedness hereinafter mentioned, the undersigned hereb assign, transfer, set over and convey unto (herein called "Assignee"), (Address)					
Stre	eet	City		State	Zip
(he the priv	e above named Policy Number iss reinafter called "Insurance Company rewith (said policy and contracts he rileges, rights, title and interest thereir icy and to all superior liens, if any, wh	r") and my supplemen ereinafter called the "p n and thereunder, subje	tary contracts issued policy") upon the life ect, however, to all the	or assume of and all terms and	d in connection claims, options, conditions of the
priv	s expressly agreed that without det vileges are included in this partial ass owing are subject to the interests of a	signment of policy as co	ollateral security and p	bass by virt	ue thereof. The
1.	The right to collect from the Insurance indebtedness as evidenced by the lo		· · ·	bet	ween
	the insured or maturity of the policy the proceeds. (not to exceed 99.99		and the Assignee a amount collected shal		
2.	The right to collect from the Insurar Assignee in writing.	nce Company any Disa	ability Income, unless	this right b	e waived by the
3.	The right to surrender the policy at terms of the policy and at such oth more loans or advances on the popersons, and to pledge or assign the	ner times as the Insura plicy, either from the I	ance Company may a nsurance Company,	llow, and to	secure one or
4.	The right to collect and receive all d the policy now or hereafter made o distributions, shares of surplus, div terms of the policy in the payment of provided, that unless and until the	r apportioned thereto, idend deposits or add of premiums shall be so	and to determine whe itions that may be us used or shall be take	ether the cased in acco	sh value of any rdance with the ssignee in cash;

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the distributions, shares of surplus, dividend deposits or additions shall continue on the plan in force at the

5. The right to exercise all non-forfeiture options permitted by the terms of the policy or allowed by the

Insurance Company, and to receive all benefits and advantages derived therefrom.

Protective Life Insurance Company Life and Health Insurance Administration P.O. Box 12687

Birmingham, AL 35202-6687

if owner is a corporation

Policy No:	Insured:	Owner:							
The Assignee may exercise any right, option, privilege or power given herein without notice to or assent by the indersigned or any other person, and without affecting the liability of, or releasing any interest hereby assigned he undersigned, or any other person.									
The Assignee shall not have the right to reservations of these rights shall in no w impair any other right of the Assignee he designation or change of beneficiary shall to the rights of the Assignee hereunder.	ay impair the Assignee's right to con ereunder; and any election of an option	npletely surrender the entire policy or onal mode of settlement and any							
This partial assignment is made and the undersigned Insured to the Assignee du remain with the Assignee after payment the terms of the policy.	e under the Loan Agreement referen	ced above and any balance that may							
The Assignee shall be under no obligation to pay any premium, or the principal of or interest on any loans or advances on the policy whether or not obtained by the Assignee or any other charges on the policy, but any such amounts so paid by the Assignee from his own funds (including premiums paid in advance of their due dates), shall become a part of the indebtedness hereby secured, shall be due immediately, and shall draw interest at a rate fixed by the Assignee from time to time not exceeding six percent per annum.									
The Insurance Company is hereby authorized to recognize the Assignee's claims to rights hereunder without investigating the reason for any action taken by the Assignee, or the validity or the amount of the indebtedness secured by this partial assignment of policy as collateral security or the existence of any default therein, or the application to be made by the Assignee of any amount to be paid him. The signature of the Assignee shall be sufficient for the exercise of any rights under the policy assigned hereby and the receipt of the Assignee for any sums received shall be a full discharge and release therefore to the Insurance Company. Checks for all or any part of the sums payable under the policy and assigned herein, shall be drawn to the order of the Assignee if, when and in such amounts as may be requested by the Assignee.									
Signed this	day of	(month),(year).							
Owner (Assignor) – Provide Officer's ti if owner is a corporation									
Owner (Assignor) - Provide Officer's ti	tle as well,								

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Protective Life Insurance Company

Life and Health Insurance Administration P.O. Box 12687 Birmingham, AL 35202-6687

Policy No:	Insured:		Ow	ner:		
STATE OF	TE OF COUNTY OF					
I, THE UNDERSIGNED AUT					ed to the	
foregoing partial assignment this day that, being informed	of the contents of the	e partial ass	signment of policy as	collateral security,		
bears date.	eing informed of the contents of the partial assignment of policy as collateral security,					
			My Commission Ex	pires		
Notary Public	****	******	*****	Sea	al	
collateral security until it has	been filed at the Hon licy. The Company a	ne Office of issumes no	the Company in acc responsibility as to t	ordance with the te	rms of the	
	ASSI	GNMENT F	RELEASE			
Printed Name of Assignee			Assignee Contact Nu	mber	· · · · · · · · · · · · · · · · · · ·	
Title of Assignee if Applicable			Signature of Assigne	e	Date	
STATE OF			COUNTY OF			
I, the undersigned authority, whose name is signed to the acknowledged before me on collateral security,bears date. Given under my hand and of	foregoing partial ass this day that, being in	ignment of nformed of	policy as collateral so the contents of the poly executed the same v	ecurity, and who is artial assignment of oluntarily on the da	known to me, f policy as ay the same	
My Commission Expires						
Notary Public						

SIGNATURE REQUIREMENTS

- 1. If the Policy is assigned, the Assignee does not have to sign.
- 2. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
- 3. If the Policy is owned by a partnership, association or company, this form should be signed by two (2) officers of the company. The titles of the officers must be provided.
- 4. If the Policy is owned by a corporation, this form should be signed by two (2) officers of the company. The titles of the officers must be provided. If there is only one corporate officer, please advise us on this form.
- 5. Signatures must be witnessed by a disinterested party of legal age.

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