

To obtain a collateral assignment against a life insurance policy, please follow the steps below:

Step 1. Provide a completed and signed Collateral Assignment Form

Please print, complete, and have all parties sign the collateral assignment form for the specific insurance carrier of where your borrower has a life insurance policy.

Click [HERE](#) to View Current List of Insurance Carriers and their Collateral Assignment Forms
If the carrier is not listed, please contact our office for assistance.

Step 2. Provide documentation of the Insurance Policy

Please provide a copy of the most recent annual report from your cash value life insurance policy or declaration page if term policy. If available, please include any historical illustrations, copy of policy, or any other carrier produced paperwork.

Step 3. Provide additional information for Parties Involved

Insurance Company Information:

Ins. Co. Name: _____

Policy #: _____

Policy Owner Information:

Owner Type (Check one):

Corp.: Trust: Individual:

Owner Name: _____

Owner EIN/SSN: _____

Loan Officer Information:

Lender Name: _____

Name: _____

Phone: _____

Email: _____

Insured Information:

Insured Name: _____

Insured SSN: _____ Insured DOB: _____

Step 4. Submit paperwork from Steps 1, 2, and 3 to Submit@Capital-Assurance.com or fax us at 501.404.8888.

The team at Capital Assurance Partners (CAP) will file the collateral assignment with the insurance carrier. However, not all insurance carriers send notices that the collateral assignment has been perfected. CAP will pursue written acknowledgement of perfected collateral assignments for our enrolled lenders. Typical carrier processing time can be anywhere between 2 - 30 days.

**We are here to support you through the process of getting a collateral assignment on life insurance.
 Please contact us with any questions or concerns at the number or email below.**

Transfer of Collateral Assignment



Athene.com

Submit completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@athene.com

Athene Annuity and Life Company

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

Contact us:

Annuity Customer Contact Center: 888-266-8489
Email: askathene@athene.com

Insured/Annuitant's Name	Policy/Contract Number(s)
Owner's Name(s)	Social Security Number(s) / Tax Identification Number(s)
Collateral Assignee/Transferor	Collateral Assignment dated (mm/dd/yy)

Insurer: Athene Annuity and Life Company or Athene Life Insurance Company of New York.

For value received, the Collateral Assignee/Transferor hereby assigns, transfers and sets over to the Transfer Assignee named below, his/her/its heirs, executors, administrators, successors and assigns all right, title and interest in and to the Collateral Assignment by and between the Owner(s) and the Collateral Assignee/Transferor, subject to the terms and conditions of the Policy/Contract(s), to any prior assignment, and to all superior liens, if any, which the Insurer may have against the Policy/Contract(s). All terms and conditions of the original Collateral Assignment between Owner(s) and Collateral Assignee/Transferor, as they relate to the rights and claims under the Policy/Contract(s), apply to this Transfer and remain in full force and effect.

Transfer Assignee's Name
Transfer Assignee's Tax Identification Number
Transfer Assignee's Address

The Insurer shall have no duty or obligation to inquire into or investigate the reason or validity of a request from either the Transferee Assignee or the Owner to exercise any of their rights under the Collateral Assignment, or whether the other party has notice of it.

Please sign and notarize on Page 2.



REQUIRED SIGNATURES

Collateral Assignee/Transferor Signature X	Collateral Assignee/Transferor (Please Print)
Transfer Assignee Signature X	Transfer Assignee (Please Print)

Note: If any of the parties is not a natural person, for example a trust, a corporation or an association, then additional documentation may be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

State of	This Transfer of Collateral Assignment was acknowledged and signed before me by or on behalf of the Collateral Assignee/Transferor
County of	
	this _____ day of _____, 20_____, by _____.
	_____.
	(Signature of Notary) (Name of Notary Typed, Printed, or Stamped)
	<input type="checkbox"/> Personally Known, or <input type="checkbox"/> Produced Identification
(Notary Seal)	Type of Identification Produced _____

