

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.**



Nationwide®

Assignment of Life Insurance Policy as Collateral

Nationwide Life Insurance Company

Nationwide Life and Annuity Insurance Company

PO Box 182835 Columbus, OH 43218-2835

Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

1. General Information (please print)

Policy Number: _____

Assignee's Information:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Insured's Information:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

2. Assignment

- A. For Value Received the undersigned hereby assign, transfer and set over to the above named Assignee, its successors and assigns, (herein called the "Assignee") the Policy indicated above, issued by the Nationwide Life Insurance Company, Columbus, Ohio (herein called the "Insurer") and any supplementary contracts issued in connection therewith (said policy and contracts being herein called the "Policy"), upon the life of the above named Insured and all claims, options, privileges, rights, title and interest therein and thereunder (except as provided in Paragraph C hereof), subject to all the terms and conditions of the Policy and to all superior liens, if any, which the Insurer may have against the Policy. The undersigned by this instrument jointly and severally agree and the Assignee by the acceptance of this assignment agrees to the conditions and provisions herein set forth.
- B. It is expressly agreed that, without detracting from the generality of the foregoing, the following specific rights are included in this assignment and pass by the virtue hereof:
1. The sole right to collect from the Insurer the net proceeds of the Policy when it becomes a claim by death or maturity;
 2. The sole right to surrender the Policy and receive the surrender value thereof at any time provided by the terms of the Policy and at such other times as the Insurer may allow;
 3. The sole right to obtain one or more loans or advances on the Policy, either from the Insurer or, at any time, from other persons, and to pledge or assign the Policy as security for such loans or advances;
 4. The sole right to collect and receive all distributions or shares of surplus, dividend deposits or additions to the Policy now or hereafter made or apportioned thereto, and to exercise any and all options contained in the Policy with respect thereto; provided, that unless and until the Assignee shall notify the Insurer in writing to the contrary, the distributions or shares of surplus, dividend deposits and additions shall continue on the plan in force at the time of this assignment; and
 5. The sole right to exercise all nonforfeiture rights permitted by the terms of the Policy or allowed by the Insurer and to receive all benefits and advantages derived therefrom.
- C. It is expressly agreed that the following specific rights, so long as the Policy has not been surrendered, are reserved and excluded from this assignment and do not pass by virtue hereof:
1. The right to collect from the Insurer any disability benefit payable in cash that does not reduce the amount of insurance;
 2. The right to designate and change the beneficiary;
 3. The right to elect any optional mode of settlement permitted by the Policy or allowed by the Insurer; but the reservation of these rights shall in no way impair the right of the Assignee to surrender the Policy completely with all its incidents or impair any other right of the Assignee hereunder, and any designation or change of beneficiary or election of a mode of settlement shall be made subject to the assignment and to the rights of the Assignee hereunder.
- D. This assignment is made and the Policy is to be held as collateral security for any and all liabilities of the undersigned, or any of them, to the Assignee, either now existing or that may hereafter arise in the ordinary course of business between any of the undersigned and the Assignee (all of which liabilities secured or to become secured are here called "Liabilities").

2. Assignment (continued)

- E. The Assignee covenants and agrees with the undersigned as follows:
1. That any balance of sums received hereunder from the Insurer remaining after payment of the then existing Liabilities, matured or unmatured, shall be paid by the Assignee to the persons entitled thereto under the terms of the Policy had this assignment not been executed;
 2. That the Assignee will not exercise either the right to surrender the Policy or (except for the purpose of paying premiums) the right to obtain policy loans from the Insurer, until there has been default in any of the Liabilities or a failure to pay any premium when due, not until twenty days after the Assignee shall have mailed, by first-class mail, to the undersigned at the address last supplied in writing to the Assignee specifically referring to the assignment, notice of intention to exercise such right; and
- F. The Insurer 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 Liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the Assignee of any amounts to be paid to the Assignee. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned hereby and the sole receipt of the Assignee for any sums received shall be a full discharge and release therefor to the Insurer. Checks for all or any part of the sums payable under the Policy and assigned herein, shall be drawn to the exclusive order of the Assignee if, when, and in such amounts as may be, requested by the Assignee.
- G. 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 its own funds, shall become a part of the Liabilities hereby secured, shall be due immediately, and shall draw interest at a rate fixed by the Assignee from time to time not exceeding 12% per annum.
- H. The exercise of any right, option, privilege or power given herein to the Assignee shall be at the option of the Assignee, but (except as restricted by Paragraph E (2) above) the Assignee may exercise any such right, option, privilege or power without notice to, or assent by, or affecting the liability of, or releasing any interest hereby assigned by the undersigned, or any of them.
- I. The Assignee may take or release other security, may release any party primarily or secondarily liable for any of the Liabilities, may grant extensions, renewals or indulgences with respect to the Liabilities, or may apply to the Liabilities in such order as the Assignee shall determine, the proceeds of the policy hereby assigned or any amount received on account of the Policy by the exercise of any right permitted under this assignment, without resorting or regard to other security.
- J. In the event of any conflict between the provisions of this assignment and provisions of the note or other evidence of any Liability, with respect to the Policy or rights of collateral security therein, the provisions of this assignment shall prevail.
- K. Each of the undersigned declares that no proceedings in bankruptcy are pending against him and that his property is not subject to any assignment for the benefit of creditors.

3. Community Property Spousal Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin: If you live in one of the community property states listed above, your spouse may have rights to the benefits of this [Contract/Policy] under state law. Please have your spouse sign below to waive his or her rights to any community property interest in the [Contract/Policy].

If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.

NOTE: Use of the term "spouse" on this form refers to the person to whom the owner is legally married.

Spousal Consent: I, (print full legal name) _____, do hereby consent to the distribution indicated on this form and waive any rights that I may have to such [Annuity Contract/Life Insurance Policy] under applicable community property laws

Spouse Signature: _____ **Date:** _____

4. Signature(s) (required)

Signed and sealed this ____ day of _____, 20____

Policy Owner:

Signature: _____

Name (please print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Beneficiary:

Signature: _____

Name (please print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Witness:

Signature: _____

Name (please print): _____

5. Acknowledgment (complete one)

Individual Acknowledgment:

State of: _____ }
County of: _____ } SS:

On the ____ day of _____, 20____, before me personally came _____
day month year policy owner's name
to me known to be the individual described in and who executed the assignment on the reverse side hereof and
acknowledged to me that he/she executed the same.

Notary Public: _____
My commission expires: _____

Corporate Acknowledgment:

State of: _____ }
County of: _____ } SS:

On the ____ day of _____, 20____, before me personally came _____
day month year policy owner's name
who being by me duly sworn, did depose and say that he/she resides in _____, that he/she is
state
the _____ of _____, the corporation described in and which
title name of corporation
executed the assignment on the reverse side hereof; that he or she knows the seal of said corporation; that the seal affixed
to said assignment in such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and
that he or she signed this his or her name thereto by like order.

Notary Public: _____
My commission expires: _____

NOTE: When executed by a corporation, the corporate seal should be affixed and there should be attached to the
assignment a certified copy of the resolution of the Board of Directors authorizing the signing officer to execute and
deliver the assignment in the name and on behalf of the corporation.

Notarial acknowledgment is not required by the Insurer. Space for notarial acknowledgment is provided for convenience
of the parties, if desired. Any fees are to be paid by interested parties.

This form of assignment is offered solely as an accommodation. The Insurer is not a party to the assignment and does not
assume any responsibility for its validity.

The completed assignment form should be returned to: Nationwide Life Insurance Company
PO Box 182835
Columbus, Ohio 43218-2835.

HOME OFFICE USE ONLY:

Received and filed at the Home Office of the Insurer this ____ day of _____, 20____.
day month year

By: _____
Authorized Officer