

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.**

Collateral Assignment

American United Life Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 6002
Indianapolis, IN 46206-6002
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a ONEAMERICA® company
P.O. Box 6002
Indianapolis, IN 46206-6002
1-800-437-4692

The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
1-800-428-2316



Check all that apply: American United Life Insurance Company® (AUL) Pioneer Mutual Life Insurance Company
 The State Life Insurance Company Golden Rule Insurance Company

Administered by The State Life Insurance Company

Hereinafter referred to as "the Company."

Please print all information with the exception of signatures.

Policy Number(s): _____

Insured: _____ Owner: _____

For value received, the undersigned hereby assigns, transfers and sets over

to _____
Full Name of Assignee

of _____
Complete Address of Assignee/Telephone Number

and the Assignee's executors, administrators, successors or assigns, as the Assignee's interest may appear, all right, title and interest in and to the policy, subject to the terms and conditions of the policy. The interest of the Assignee in the policy is limited to the Assignee's valid pecuniary claim against the Assignor existing at the time of settlement of the policy. It is expressly agreed that the right to designate and change beneficiary is reserved and excluded from this assignment and does not pass by virtue hereof. It is expressly agreed and understood that this assignment does not entitle Assignee to copies of correspondence between Company and Owner. The Owner certifies this Assignment is not in violation of federal or state law, a divorce decree or other court order.

Community Property Provisions

LACK OF NOTICE OF COMMUNITY PROPERTY INTEREST: If the Company has not previously received written notice of a community property interest and if the space for consent listed below hereof is not signed by a person having such an interest, then the Company shall be entitled to rely on its good faith belief that no such interest exists. The Company assumes no responsibility of inquiry regarding such interest and in consideration of accepting this Assignment, the Insured or Owner identified herein, as evidenced by the his/her signature, agrees to indemnify and hold the Company harmless from the consequences of accepting and endorsing this Assignment. In the absence of written notice of a community property interest, this indemnification shall apply to any later payment of policy proceeds to the Assignee even though: (1) the Owner has failed to obtain consent of a former spouse having a community property interest; or (2) the Owner and the Owner's spouse subsequently divorce; or (3) the Owner's spouse dies after the date of execution of this Assignment; or (4) the Owner and Owner's spouse subsequently sever their interest in the community.

Signatures

Signature of Owner

Witness Signature (Required)

Signature of Joint Owner (When Required)

Witness Signature (Required)

Owner Telephone Number

Owner Social Security Number

Date

To be completed in all community property states (AZ, CA, ID, LA, NM, NV, TX, WA, WI). I, the owner's spouse, consent to this Designation.

Owner's Spouse

Witness (Required)

(To be completed by the Company at its Home Office)

This Collateral Assignment has been recorded by the Company. Presentation of the policy for endorsement of this change has been waived.

Change recorded _____ By _____

Returned copy should be attached to the policy.

Send completed form to OneAmerica, P.O. Box 6002, Indianapolis, IN 46206-6002.