



DEED OF ASSIGNMENT

This form should be used for the following product providers:

Alpha International Life Assurance Company (Guernsey) Ltd,
Suites 1 & 2, Block A, Hirzel Court, St Peter Port, Guernsey, GY1 2NN,
Channel Islands. (Registered number: 2424)

* Hereafter referred to as 'the Company' for the purposes of this Deed of Assignment.

GUIDE TO COMPLETING THIS FORM

- The 'Policy Owner' is the legal holder of the Policy and is the person assigning his/her legal rights in respect of that Policy under the Deed of Assignment, the 'Assignor'.
- The 'Assignee' is the person to whom these rights are assigned.
- If the Policy is jointly held by two or more Policy Owners, all Policy Owners must appoint the same Assignee and furnish the requested details and sign the Deed of Assignment.
- The signature of the Policy Owner(s) and Assignee(s) must be witnessed by an Advocate, Lawyer, Solicitor, Accountant, Bank Employee, Commissioner of Oaths, or Notary Public.
- A Policy can only be assigned in its entirety.

Policy Number*:

IMPORTANT Please tick

☐

Joint to Single
Ownership

☐

Single to Joint
Ownership

☐

Single to Single
Ownership

☐

Joint to Joint
Ownership

Please complete all information in block capitals

This date cannot be more than one month prior to receipt by the Company

THIS DEED OF ASSIGNMENT is made this

day of

20

BETWEEN the Assignor(s) Policy Owner(s) Name(s)

1.

2.

3.

4.

Policy Owner 1

Residential Address:

Telephone Number:

I/We enclose Certified Copy(ies) of valid passport(s)/I.D(s). of all Policy Owners

☐

The person certifying the copy as a true original must be qualified to do so (Commissioner of Oaths, Justice of the Peace, or similar) and must have seen the original I.D. and the individual that it relates to in person. The copy must also be a clear picture that shows a recognisable likeness of the individual. The clear picture must not be greater than 10 years old. Unclear/uncertified copies will result in a delay in processing this form.

I/We enclose verification of residential address(es) of all Policy Owners

☐

The verification document must either be a utility bill issued by an independent authority, or other documentary proof of residence satisfactory to the Company. It must be either an original or a certified true copy. It must be less than 6 months old at the point of submission. The address must verify the residential address as completed on the form. This address must be the real address and not, for example, a P.O. Box. If these requirements are not met this will result in a delay in processing this form.

I/We enclose the Policy Document

☐

If the Policy Document has been mislaid a Declaration of Loss should be used, subject to the conditions set out on that form.



AND the Assignee(s) (new Policy Owner(s))

ASSIGNEE 1

Please tick one Individual ☐ Trust ☐ Corporate ☐

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Sex: Male ☐ Female ☐

Surname Full Forenames

Residential Address

Post Code Country

Stand/Plot/Erf number

Telephone number Date of birth*

D	D	M	M	Y	Y	Y	Y
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I/We enclose Certified Copy of valid passport/I.D. of Assignee ☐

The person certifying the copy as a true original must be qualified to do so (Commissioner of Oaths, Justice of the Peace, or similar) and must have seen the original I.D. and the individual that it relates to in person. The copy must also be a clear picture that shows a recognisable likeness of the individual. The clear picture must not be greater than 10 years old. Unclear/uncertified copies will result in a delay in processing this form..

I/We enclose verification of residential address of Assignee ☐

The verification document must either be a utility bill issued by an independent authority, or other documentary proof of residence satisfactory to the Company. It must be either an original or a certified true copy. It must be less than 6 months old at the point of submission. The address must verify the residential address as completed on the form. This address must be the real address and not, for example, a P.O. Box. If these requirements are not met this will result in a delay in processing this form.

* Individual only

ASSIGNEE 2

Please tick one Individual ☐ Trust ☐ Corporate ☐

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Sex: Male ☐ Female ☐

Surname Full Forenames

Residential Address

Post Code Country

Stand/Plot/Erf number

Telephone number Date of birth*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I/We enclose Certified Copy of valid passport/I.D. of Assignee ☐

The person certifying the copy as a true original must be qualified to do so (Commissioner of Oaths, Justice of the Peace, or similar) and must have seen the original I.D. and the individual that it relates to in person. The copy must also be a clear picture that shows a recognisable likeness of the individual. The clear picture must not be greater than 10 years old. Unclear/uncertified copies will result in a delay in processing this form..

I/We enclose verification of residential address of Assignee ☐

The verification document must either be a utility bill issued by an independent authority, or other documentary proof of residence satisfactory to the Company. It must be either an original or a certified true copy. It must be less than 6 months old at the point of submission. The address must verify the residential address as completed on the form. This address must be the real address and not, for example, a P.O. Box. If these requirements are not met this will result in a delay in processing this form.

* Individual only

If more than 2 Assignees are required, please attach a further copy of this page to the Deed of Assignment and ensure all details are completed.



WHEREAS

1) The Assignor(s) have effected with the Company Policy(ies) for life assurance hereinafter called the 'Policy' numbered

and dated

2) the Assignor(s) have agreed to assign to the Assignee(s) the Assignor(s)' legal and beneficial interest in the Policy.

THIS DEED WITNESSES that the Assignor(s) as beneficial owners hereby assign the Policy and all benefits arising thereunder to the Assignee(s) absolutely.

Please note that where the Policy to be assigned has either an income option or an Investment Adviser Agreement, these will be cancelled at the time of assignment. The new Policy Owner must renew the Investment Adviser Agreement if there is a requirement for income to continue to be paid.

IN WITNESS THEREOF the Assignors have hereunto set their hand and seal the day and year first written overleaf

This Deed of Assignment must be witnessed by an Advocate, Lawyer, Solicitor, Accountant, Bank Employee, Commissioner of Oaths, or Notary Public.

These dates cannot be more than one month prior to receipt by the Company

Signature of Policy Owner 1

Date of signature

Name of witness

Occupation of witness

Residential address of witness

Signature of witness

Date of signature

Signature of Policy Owner 2

Date of signature

Name of witness

Occupation of witness

Residential address of witness

Signature of witness

Date of signature

Signature of Policy Owner 3

Date of signature

Name of witness

Occupation of witness

Residential address of witness

Signature of witness

Date of signature

Signature of Policy Owner 4

Date of signature

Name of witness

Occupation of witness

Residential address of witness

Signature of witness

Date of signature



These dates cannot be more than one month prior to receipt by the Company

Signature of Assignee 1	Date of signature
Name of witness	
Occupation of witness	
Residential address of witness	
Signature of witness	Date of signature

Signature of Assignee 2	Date of signature
Name of witness	
Occupation of witness	
Residential address of witness	
Signature of witness	Date of signature

IMPORTANT NOTES:

1. This Deed of Assignment must be returned with the original Policy Document OR a certified copy by a Commissioner of Oaths OR a Declaration of Loss Form.
2. This Deed of Assignment has been prepared to satisfy the requirements of, and will be governed by, the law of Guernsey.
3. The Company will accept no liability for any loss however caused should the Deed of Assignment be invalid.
4. The Company will be the final arbiter as to the issue of the acceptability, or otherwise, of the nominated witness.
5. By signing this Deed of Assignment the Policy Owner(s) indemnify the Company and its employees against any claim arising out of the misuse or misappropriation of the Policy or proceeds thereof by the Assignee(s) named herein, or any other person.
6. Please note that a certified copy of I.D.(s) and address(es) will be required for all assignee(s). In addition to this an authorised signatory list will be required for assignments to corporate bodies and the Company reserves the right to ask and obtain additional verification documentation where deemed necessary.
- 7 Please allow 10 working days for the assignment to be processed, following submission of this Deed of Assignment
8. The assignment of the Policy could be delayed or refused if documentation is not sufficient or obtained in accordance with Guernsey regulations.
9. More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the Alpha International Life Assurance Company (Guernsey) Ltd. privacy policy, which we publish on our website: <https://alphaintlife.com/privacy-policy.html>

