

**Contact Information**

Current Owner Name	Policy Number		
Address	City	State	Zip Code
Name of Insured (if other than current owner)			

**Absolute Assignment**

For value received, I, the undersigned Current Owner, assign and transfer all rights, title and interests in the policy to the New Owner designated below. I understand this assignment is irrevocable and absolute and is subject to all the terms and conditions stated in the policy. This assignment applies to all insurance in effect on the date of this assignment and to any increase or additional insurance becoming effective under the policy in the future.

I also understand that all rights and privileges under the policy are assigned and transferred by me to the New Owner by this assignment, including the following specific rights:

1. The New Owner will be paid disability benefits unless the policy's terms and conditions provide otherwise;
2. The New Owner may designate a payee to receive disability benefits as provided under the policy;
3. The New Owner may exercise the right to surrender the policy;
4. The New Owner may request reinstatement of the policy; and
5. The New Owner may request the option to renew the policy beyond the termination date.

I hereby guarantee that this assignment is valid and that I have the legal capacity to make this assignment. I guarantee that I have not commenced bankruptcy proceedings nor have bankruptcy proceedings been commenced against me and that no lien or court order has been entered affecting my right to make this assignment.

\_\_\_\_\_  
 Signature of Current Owner

\_\_\_\_\_  
 Date Signed

**New Owner**

Name (if a business or entity give full name)	SSN (or TIN)		
Address	City	State	Zip Code
Name and Title of Authorized Representative (if applicable)			
By my signature below, I accept this assignment as New Owner of the above referenced policy(s).			
_____ Signature of New Owner		_____ Date Signed	

**This Absolute Assignment of policy ownership will be effective when received and filed by The Standard on the date indicated below. The Standard does not assume any responsibility for the validity, sufficiency or effect of this assignment.**

\_\_\_\_\_  
 Authorized Signature – Standard Insurance Company

\_\_\_\_\_  
 Date Filed in Portland, OR