
Name of Owner

Policy Number(s)

For value received and as Owner of the above policy(s), I hereby assign and transfer the right to receive monthly disability income benefits, subject to the terms and conditions below, to:

Name of Collateral Assignee

Social Security Number or Tax Identification Number (TIN)

Street Address

City

State ZIP

This Assignment is made as collateral security for any and all liabilities of the Owner to the Assignee, either now existing or that may later arise in the ordinary course of business between the Owner and Assignee.

Terms and Conditions

The following TERMS AND CONDITIONS are agreed to by the Owner and Assignee:

1. The Assignee will have the sole right to receive all monthly benefits paid by The Standard under the disability income policy(s) referenced above, if and when they become payable, as long as this Assignment is in effect.
2. Payment of benefits by The Standard, pursuant to this Assignment, will fully release The Standard from any and all liability for the payment of such benefits to the Owner or Assignee.
3. The Standard is authorized to pay benefits to Assignee under this Assignment without investigating: the reason for any action taken by the Assignee; the validity or the amount of the Owner's liabilities or the existence of any default by the Owner; or the application to be made by the Assignee of any amounts paid to the Assignee.
4. In the event benefits do not become payable under the policy(s), The Standard is not liable to the Owner or the Assignee for any benefits assigned under this Assignment.
5. Other than the right to collect benefits, the Owner retains all rights under the policy(s), including the right to surrender the policy(s) and the right to apply for policy amendments, such as increasing or decreasing the monthly benefit, changing the waiting period or maximum benefit period, and removing riders. No notice of any amendments to the policy(s) will be given to the Assignee by The Standard.
6. The Owner is responsible for paying premiums to keep the policy(s) in force. If the Owner should, at any time, cease paying premiums which results in the lapse of the policy(s), The Standard will notify the Owner of the lapse of the policy(s). Notice of policy lapse will not will be given to the Assignee. Only the Owner has the right to apply for reinstatement of the policy(s).
7. The Standard will not be bound by an assignment unless The Standard receives and approves the assignment at The Standard's home office before the payment of any benefits becomes due. The Standard is not responsible for the terms or validity of the note or other agreement which establishes the collateral security between Owner and Assignee.
8. The Standard will be entitled to rely on this Assignment until it receives written notice signed by the Assignee of the termination of this Assignment.
9. The Owner certifies the following: the Owner is legally capable of executing this document; no proceedings in bankruptcy have been filed against the Owner; and no lien or court order has been entered that affects the policy(s).

Owner

_____	_____
Signature of Owner	Date

Print Name of Owner	

Assignee

_____	_____
Signature of Assignee (or of Authorized Representative if Assignee is other than an Individual)	Date
_____	_____
Print Name of Assignee	Title (if Applicable)

Release of Assignment

This Assignment is fully released on _____ by Assignee.	
_____	_____
Signature of Assignee (or of Authorized Representative if Assignee is other than an Individual)	Date
_____	_____
Print Name of Assignee	Title (if Applicable)