



HNB ASSURANCE PLC
Level 03, Iceland Business Center, No. 30, Sri Uttarananda Mawatha,
Colombo 03.

LSDOC007

Tel: 011 4 713 802 Help Line: 011 4 384 384
Fax :011 4 677 902 E-Mail :info@hnbassurance.com
Web: www.hnbassurance.com

ABSOLUTE ASSIGNMENT

Policy Number: Amount of Insurance:
Assignee's Name: Assignee's ID No:
Assignee's Address:
Name of Insured /Owner /Assignor:
Assignor's Address:

PART A

I, the above named owner of the policy, do hereby sell, assign and transfer to the Assignee (hereinafter sometimes called and referred to as the "Assignee" which term or expression as herein used shall where the context so requires or admits mean and include the said Assignee, his/her heirs, executors, administrators and assigns) the full benefit of the net proceeds due or to become payable by or under the above mentioned Insurance Policy of HNB Assurance PLC (hereinafter called "the Company"), together with all assignable Supplementary Contracts, insuring the above insured's life, inclusive of the cash surrender and loan value thereof and of any bonuses that may be declared upon such policy from time to time, and I hereby covenant with the Assignee that I will not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the moneys assured or to become payable by or under said policy and its assignable Supplementary Contracts and I declare that a receipt signed by the Assignee shall fully discharge the Company from its liabilities and obligations under policy in respect of which the receipt is given.

I represent and agree that by executing this assignment, I irrevocably waive all rights, claims and demands under the policy.

This assignment is subject to any assignment in favour of, or indebtedness to the said Company together with interest thereon and is made subject to all the provisions and conditions of said Policy.

IN WITNESS WHEREOF, I and the Assignee have hereunto set our hands on
DD/MM/YYYY

Signature of Insured /Owner /Assignor Signature of Assignee

Signature of Witness Name of Witness:

Note: In case of assignment to be done for individual person, Please attached the billing proof for address change and also personal identification number (Copy of ID, Birth certificate, Passport or Driving Lenience)

For Office Use Only

PART B

A copy of this Assignment has been filed at the office of the HNB Assurance PLC.

Authorized Officer