## Deed of Partial Assignment (In Trust)



Post to Monument Life Insurance dac, Regus Manchester Business Park, 3000 Aviator Way, Manchester, M22 5TG, UK.

Ref: T11	Plan Number(s) (If applicable)		
Note: A Name of Policy Owners (Trustees) Please complete in			
BLOCK CAPITALS.	Trustee One		
	Trustee Two		
	Trustee Three		
	Trustee Four		
	This Assignment is made by the person(s) named below in the Schedule of Assignors (the "Assignor"), on         Date		
	<ol> <li>The Assignor(s) want(s) to transfer his/their interest in certain of the policies comprised in the Plan (the policies being listed in the Schedule of Policies below (the <b>"Policies"</b>)) to the person(s) named below in the Schedule of Assignees (the <b>"Assignee"</b>).</li> <li>The Assigner(s) berefore existing (s) all big (their interest in the Policies (the Assignee should be assigned be assigned be assigned by the second below (the second be assigned by the second below (the second be assigned by the second be assigned by the second below (the second be assigned by the second be assigned by the second below (the second be assigned by the second by</li></ol>		
	2. The Assignor(s) hereby assign(s) all his/their interest in the Policy/ies to the Assignee, absolutely.		
	Schedule of Assignors Signed as a Deed by the Assignor: Trustee One Signature		
Trustee One (Policyowner)	Y I I I I I I I I I I I I I I I I I I I		
Please sign and date.	Date Date		
	Witness Signature		
Witness Please sign and date.	X Date Date		
	Address of		
	Witness		
<i>"</i>			
Trustee Two	Trustee Two Signature		
(Policyowner)	X Date		
Please sign and date.			
Witness	Witness Signature		
Please sign and date.	X Date Date		
	Address of		
	Witness		

	Schedule of Assignors (Continued) Signed as a Deed by the Assignor:	
Trustee Three (Policyowner) Please sign and date.	Trustee Three Signature         X         Date	
Witness Please sign and date.	Witness Signature         X         Date       Image: A state of the	
	Address of Witness	
<b>Trustee Four</b> (Policyowner) Please sign and date.	Trustee Four Signature       X       Date	
Witness Please sign and date.	Witness Signature   X   Date    Date	
	Address of Witness	
	Schedule of Assignees	
	Full Name         Image: Second s	_
	Address       Image: Contract of the c	_
đ	Contact Number     Image: Contact Number	
Assignee Please sign and date.	Assignee Signature       Date     Date     Image: Constraint of the second sec	
Witness Please sign and date.	Witness Signature   X     Date     Image: Date <t< td=""><td></td></t<>	
	Schedule of Policies (Please list the Policy segment numbers (from 1-250) to be assigned here)	
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The Monument International Portfolio Bond is provided by Monument Life Insurance dac.

Monument Life Insurance dac is regulated by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: 2 Park Place, Ground Floor, Upper Hatch Street, Dublin 2, Ireland. Registered in Ireland under company number 325795. Telephone number 0370 850 6130. We may record or monitor calls to improve our service.



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