



**B 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 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address of Witness




**Trustee Four (Policyowner)**

Please sign and date.

Trustee Four Signature  
X

Date 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**Witness**

Please sign and date.

Witness Signature  
X

Date 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address of Witness


**C Schedule of Assignees**

Full Name


Address


Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**Assignee**

Please sign and date.

Assignee Signature  
X

Date 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**Witness**

Please sign and date.

Witness Signature  
X

Date 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Monument Life Insurance dac**  
2 Park Place, Ground Floor, Upper Hatch Street, Dublin 2, Ireland.  
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