



SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK
SECURITY MUTUAL BUILDING • 100 COURT ST.
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
607-723-3551 • www.smlny.com

COLLATERAL ASSIGNEE'S AGREEMENT

To be completed if policy contains a Collateral Assignment.

Policy number: _____

Insured: _____

Name and address of Collateral Assignee: _____
Name

Number	Street	City	State	Zip Code
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Amount of policy proceeds to be paid to Collateral Assignee \$ _____

It is hereby agreed by the subscribers hereto that the above policy issued by the Security Mutual Life Insurance Company of New York is collaterally assigned to the Collateral Assignee named above; there is now due said Collateral Assignee on account of said debt the sum indicated above; and that all claims under said policy may be settled by payment to the said Collateral Assignee the sum indicated above, and any balance due on the policy to the beneficiary entitled to receive same under the policy.

*Collateral Assignee _____ Date _____

Beneficiary _____ Date _____

*If assignee is a corporation, please have agreement executed by authorized officer and indicate his/her title.