

Assignment

Group policy no.(s)	Div. no.(s)	Certificate no.	Name of employee
_____	_____	_____	_____
_____	_____		

For valuable consideration received, I _____, the irrevocable beneficiary
(print name of beneficiary)
 under the above noted insurance policy(ies) do hereby assign and convey to _____
(name of assignee)

(full address of assignee)
 all my right, title and interest in the above policy(ies) issued by The Great-West Life Assurance Company to
 _____ and insuring the life of _____
(name of policyholder) *(name of employee)*

IN TESTIMONY WHEREOF, I have hereto set my hand at _____ this
 _____ day of _____ 20 _____.

Signature of irrevocable or preferred beneficiary	Name of irrevocable or preferred beneficiary
_____	_____

SIGNED, SEALED & DELIVERED IN THE PRESENCE OF Signature of witness (other than life insured)	Name and address of witness
_____	_____

Signature of witness (other than life insured)	Name and address of witness
_____	_____

