

Policy No.

**DEED OF ABSOLUTE ASSIGNMENT**

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_, of legal age, \_\_\_\_\_ and a resident of \_\_\_\_\_  
*(First Name, Middle Initial, Last Name)* *(civil status)*  
 \_\_\_\_\_, do hereby assign, transfer and  
*(Address)*  
 set over to \_\_\_\_\_, the said policy and any supplementary contracts  
*(Name of the Assignee)*

issued in connection therewith and all claims, options, privileges, rights, titles and interests therein and thereunder, subject to all the terms and conditions of the Policy and to all superior liens, if any, which the Insurer may have against the Policy. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned hereby and for the sole receipt of the Assignee for any sums received shall be full discharge and release therefore to the insurer.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to **1)** facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to **2)** comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Done at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature over printed name of Policyowner

With my/our consent:

\_\_\_\_\_  
Signature over printed name of Irrevocable Beneficiary

\_\_\_\_\_  
Signature over printed name of Assignee

Signed in the Presence of:

\_\_\_\_\_  
Signature over printed name of Witness

\_\_\_\_\_  
Signature over printed name of Witness

REPUBLIC OF THE PHILIPPINES  
 (\_\_\_\_\_) S.S.

At \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me, the undersigned \_\_\_\_\_, known to me and to me known to be the same person/s who executed the foregoing instrument and acknowledged to me that the same is his/her/their free, voluntary act and deed.

The parties exhibited their residence certificate as follows:

\_\_\_\_\_

\_\_\_\_\_

WITNESS MY HAND AND SEAL on the date and at the place first above written.

Doc. No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

This form is furnished by Allianz PNB Life Insurance, Inc. for the sake of convenience and as a matter of courtesy. Under no circumstances does the Company assume any responsibility for the effect, sufficiency or validity of this assignment.