

Policy No.

**DEED OF COLLATERAL ASSIGNMENT**

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_, of legal age, \_\_\_\_\_ and a resident of \_\_\_\_\_  
*(First Name, Middle Initial, Last Name)* *(civil status)*  
 \_\_\_\_\_, for an in consideration of the amount \_\_\_\_\_  
*(Address)*  
 \_\_\_\_\_, and as security for the indebtedness mentioned, do hereby assign, transfer and convey unto \_\_\_\_\_, all rights, titles and interests in the above-mentioned  
*(Assignee)*

Policy issued by ALLIANZ PNB LIFE INSURANCE, INC. upon the life of the undersigned, subject to the Assignee as may exist at the time of settlement under this policy. Furthermore, this assignment is expressly limited to such proceeds under the policy as may be necessary to liquidate such indebtedness, the remainder of the policy being unaffected hereby. Upon payment of the obligation hereby secured, this assignment shall become null and void upon notice of such payment in writing to ALLIANZ PNB LIFE INSURANCE, INC.

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 Insured or Policyowner

With my/our consent:

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

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

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.