

# DEED OF ASSIGNMENT



EXECUTORS TO BENEFICIARY

FOR THE EXECUTOR(S) OF A DECEASED POLICYHOLDER TO ASSIGN ONE OR MORE EXISTING LIFE INSURANCE INVESTMENT BONDS TO A BENEFICIARY ENTITLED UNDER THE WILL OF THE DECEASED POLICYHOLDER.

IMPORTANT NOTES

This document is produced as a standard form for use with existing life insurance investment bonds. It is a document with legal significance which may affect the rights and tax position of the parties to the deed. You should not sign this form unless you understand its effects and are satisfied that it achieves your objectives. Scottish Widows strongly recommends that independent professional advice is sought if you have any doubts about the form or its consequences.

In the event that the bond is to be assigned to more than one beneficiary, specific policy segments should be assigned to respective beneficiaries using one deed per beneficiary.

If the draft deed is considered to be satisfactory, it may be completed and signed in accordance with the notes in the margin.

Any amendments or correction of errors made before the deed is signed should be initialled by all of the parties to the deed. Signatures should be witnessed by an independent person who should sign and then print his or her full name and address.

The completed deed should be sent to the office that deals with the administration of the life insurance investment bonds to which the deed relates, so that our records can be updated accordingly. (Return of the form will be considered intimation of the assignment to Scottish Widows under Scots law.)

If you are in any doubt as to the correct office please refer to your financial adviser who will be able to advise.

ASSIGNMENT OF EXISTING LIFE INSURANCE INVESTMENT BOND BY EXECUTOR/EXECUTORS

Insert date of signing.

This DEED OF ASSIGNMENT is made on  
BETWEEN

(DD MM YYYY)

Insert full names and addresses  
of Executor(s)

Full name of executor

Address of executor

Postcode

Full name of the executor

Address of the executor

Postcode

Full name of the executor

Address of the executor

Postcode

Full name of the executor

Address of the executor

Postcode

(‘the Assignor’) of the one part  
and

Insert full names and addresses of the beneficiary to whom the assignment is being made.

Full name of the beneficiary

Address of the beneficiary

Postcode

Date of birth (DD MM YYYY)

Nationality   
(list all if more than one held) (e.g. British, French, Irish)

Town/city of birth

Country of birth

Country of residence   
(if other than the UK)

Country of any residential addresses

Which countries are you tax resident in?

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are tax resident in.

Please provide your TIN:

(\*the Assignee\*) of the other part

Insert full name of the Deceased.

WHEREAS

1. The Assignor as executor(s) of the late

(\*the Deceased\*) is/are the legal owner(s) of a life assurance investment bond effected by the Deceased details of which are set out in the Schedule (the 'Policy')

Insert date of Grant of Probate/ Certificate of Confirmation.

2. The Assignor obtained Grant of Probate/Certificate of Confirmation in respect of the Deceased's estate on

(DD MM YYYY)

a copy of which is annexed hereto/has already been provided

- 3. The Assignee is a beneficiary entitled to the Policy under the will of the Deceased
- 4. The Assignor is desirous of assigning the Policy to the Assignee absolutely
- 5. The Assignee accepts intimation of the assignation as evidenced by his/her signature to this deed

NOW THIS DEED WITNESSES that the Assignor hereby assigns to the Assignee the Policy absolutely.

Insert details of policy or policies to be assigned – for example Investment Portfolio Bond, ABC12345678E001- 100, Clerical Medical.

SCHEDULE

Product name	Policy number	Issued by

SIGNED and DELIVERED AS A DEED by the said

Insert name and signature  
of Assignor/Executor.

Name of Executor

Signature of Executor

Insert witness signature and details.

in the presence of  
Witness signature

Witness name

Witness address

Postcode

SIGNED and DELIVERED AS A DEED by the said

Insert name and signature  
of Assignor/Executor.

Name of Executor

Signature of Executor

Insert witness signature and details.

in the presence of  
Witness signature

Witness name

Witness address

Postcode

SIGNED and DELIVERED AS A DEED by the said

Insert name and signature  
of Assignor/Executor.

Name of Executor

Signature of Executor

Insert witness signature and details.

in the presence of  
Witness signature

Witness name

Witness address

Postcode

SIGNED and DELIVERED AS A DEED by the said

Insert name and signature  
of Assignor/Executor.

Name of Executor

Signature of Executor

Insert witness signature and details.

in the presence of  
Witness signature

Witness name

Witness address

Postcode

SIGNED and DELIVERED AS A DEED by the said

Insert name and signature of  
Assignee/Beneficiary.

Name of Beneficiary

Signature of Beneficiary

Insert witness signature and details.

in the presence of  
Witness signature

Witness name

Witness address

Postcode

Scottish Widows Limited. Registered in England and Wales No. 3196171. Registered office in the United Kingdom at 25 Gresham Street, London EC2V 7HN.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 181655.

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