

**Affiliates:**

Annuity Investors Life Insurance Company®
 Manhattan National Life Insurance Company

Administrator for Life Insurance and Annuities:

Cigna National Health Insurance Company
 Continental General Insurance Company®
 Loyal American Life Insurance Company®
 Provident American Life & Health Insurance Company

PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax

Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

ASSIGNMENT OF POLICY AS COLLATERAL SECURITY

1. INSTRUCTIONS

Two original copies must be signed and witnessed and mailed to the Company at the address above. A copy of the original will be made and returned to the policyowner; the policyowner should attach it to his/her Policy. One original copy will be retained by the Company, and the other will be mailed to the Assignee(s).

2. ASSIGNMENT

For good and valuable considerations, receipt of which is hereby acknowledged, I (we) hereby assign and transfer to:

Financial Institution _____

Address _____

Address _____

and its, his/her or their executors, administrators, successors and assigns, as their interest may appear, all of my(our) rights, title and interest in and to Policy No. _____ issued by the Company, subject to all the terms and conditions of the Policy. The interest of the Assignee is limited to the valid pecuniary claim of the assignee(s) against me(us), the remainder of the Policy, if any, being unaffected by this Assignment.

This Assignment is subject to any payment made or action taken by the Company prior to receipt of it at the Administrative Offices of the Company in Cincinnati, Ohio. Any payment made by the Company to the Assignee(s) within the scope of the Assignment shall fully discharge the Company to the extent of such payment.

 Signature of Policy Owner(s) _____ Date _____ Signature of spouse* _____ Date _____

 Signature of Irrevocable Beneficiary, if any _____ Date _____

State of _____) ss.

County of _____)

on _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledged that he/she/they executed the same.

My Commission expires _____

 Notary Public

*Signature of spouse is required if residence is in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI).

ACKNOWLEDGEMENT MASSMUTUAL ASCEND LIFE INSURANCE has received and filed a copy of this Assignment at its Administrative Offices in Cincinnati, Ohio.

Dated: _____, _____ By _____