ASSIGNMENT OF LIFE INSURANCE POLICY AS COLLATERAL

| N or EIN #: | | Date of Birth (if individual) | | | | | | |
|-------------------|--|---------------------------------|-------------------------------------|---------------------------|-------------------------------|---------------|--|--|
| Street | t Iministrators, successors and assign, (herein cal | City | | State | ZIP | issued | | |
| r assumed b | y OHIO NATIONAL LIFE, Cincinnati, Oh | io (herein called the "Insurer" | | cts issued in connection | on therewith (said | issued | | |
| | ontracts being herein called the "Policy"), upor | | - - | :-1:-1 : | l | | | |
| f except as pr | ovided in Paragraph C hereof), subject to all t | | all claims, options, privileges, ri | | | Policy Th | | |
| | by this instrument jointly and severally agree a | | | | | c I oney. In | | |
| | expressly agreed that, without detracting from t | | | | | ereof | | |
| 1. | The sole right to collect from the Insurer the | | | | | | | |
| 2. | The sole right to surrender the Policy and re | ceive the surrender value ther | eof at any time provided by the | terms of the Policy an | id at such other times as the | Insurer ma | | |
| 3. | allow; The sole right to obtain one or more loans or | or advances on the Policy eitl | per from the Insurer or at any t | ime from other perso | ons and to pledge or assign | the Policy a | | |
| Э. | security for such loans or advances; | r advances on the roney, etc. | ter from the mourer of, at any t | me, nom other perso | nis, and to preage or assign | the Folicy a | | |
| 4. 5. | The sole right to collect and receive all distributions or shares of surplus, dividend deposits or additions to the Policy now or hereafter made or apportioned thereto, and exercise any and all options contained in the Policy with respect thereto' provided, that unless and until the assignee shall notify the insurer in writing to the contrary, the distributions or shares of surplus, dividend deposits and additions shall continue on the plan in force at the time of this assignment; and The sole right to exercise all nonforfeiture rights permitted by the terms of the Policy or allowed by the Insurer and to receive all benefits and advantages derived | | | | | | | |
| | therefrom. | 0 1 7 | , , , | | | 8 | | |
| | expressly agreed that the following specific righ | ts, so long as the Policy has n | ot been surrendered, are reserved | d and excluded from the | his assignment and do not p | bass by virtu | | |
| hereo | | .h:1: hC h1 - : h | .ll | C: | | | | |
| 1. 2. | The right to collect from the Insurer any disa The right to designate and change the benefit | | that does not reduce the amoun | it or insurance; | | | | |
| 3. | The right to elect any optional mode of settlement permitted by the Policy or allowed by the Insurer; but the reservation of these rights shall in no way impair the right | | | | | | | |
| | the Assignee to surrender the Policy completely with all its incidents or impair any other right of the Assignee hereunder, and any designation or change of neficiary or election of a mode of settlement shall be made subject to this assignment and to the rights of the Assignee hereunder. | | | | | | | |
| Thio | beneficiary or election of a mode of settlement assignment is made and the Policy is to be hel | | | | | ii | | |
| | nay hereafter arise in the ordinary course of b | | | | | | | |
| | "Liabilities"). | districts between any of the d | indensigned and the rissignee (an | ir or winer habities | secured of to become secure | ed are neres | | |
| The A | Assignee covenants and agrees with the undersi | | | | | | | |
| 1. | That any balance of sums received hereund | | | | ired or unmatured, shall be | e paid by th | | |
| 2 | Assignee to the persons entitled thereto under the terms of the Policy had this assignment not been executed; That the Assignee will not exercise either the right to surrender the Policy or (except for the purpose of paying premiums) the right to obtain policy loans from the | | | | | | | |
| 2. | Insurer, until there has been default in any | | | | | | | |
| | first-class mail, to the undersigned at the ad- | | | | | | | |
| 2 | right; and | | l t l Dir C | | | | | |
| 3. | That the Assignee will upon request forward without unreasonable delay to the Insurer the Policy for endorsement of any designation or change of beneficiary election of an optional mode of settlement. | | | | | | | |
| The I | | ssignee's claims to rights here | under without investigating the | reason for any action | taken by the Assignee, or tl | he validity o | | |
| | The Insurer is hereby authorized to recognize the Assignee's claims to rights hereunder without investigating the reason for any action taken by the Assignee, or the validity the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of any default therein, or the giving of any notice under Paragraph E (2) above or otherwise, or the application to be made by the amount of the liabilities or the existence of the liabilities o | | | | | | | |
| | Assignee of any amounts to be paid to the Assignee. The sole signature of the Assignee shall be sufficient for the exercise of any rights under the Policy assigned hereby and | | | | | | | |
| | eceipt of the Assignee for any sums received s ssigned herein, shall be drawn to the exclusive | | | | | ler the Polic | | |
| | Assignee shall be under no obligation to pay ar | | | | | the Assionee | | |
| | y other charges on the Policy, but any such | | | | | | | |
| | ediately, and shall draw interest at a rate fixed b | | | | | | | |
| | exercise of any right, option, privilege or powe | | | | | | | |
| | nee may exercise any such right, option, privi rsigned or any of them. | lege or power without notice | to, or assent by, or affecting th | ie liability of, or relea | sing any interest hereby ass | signed by th | | |
| | Assignee may take or release other security, m | ay release any party primarily | or secondarily liable for any of | the Liabilities, may g | grant extension, renewals or | indulgence | | |
| | respect to the Liabilities, or may apply to the I | | | | | | | |
| | count of the Policy by the exercise of any right | | | | | | | |
| | e event of any conflict between the provision eral security therein, the provisions of this assis | | visions of the note or other evid | dence of any Liability | , with respect to the Policy | or rights o | | |
| | of the undersigned declares that no proceeding | | against him and that his propert | ry is not subject to any | assignment for the benefit | of creditors. | | |
| | | | | | o . | | | |
| gned and s | ealed this | day of | | , 20 | | | | |
| | | | | | | (LS) | | |
| | Witness | | Owner(s) Signature | | | | | |
| | | | SSN or EIN of Owner | | Date of Birth | (LS) | | |
| | Witness | | Beneficiary | | | (LS) | | |
| | | | | | | () | | |
| | | | Address | | | | | |

Form 9302 Rev. 11/03 (over)

| STATE OF | | | | | | | | | |
|--|---------|--------------------|---|--|--|--|--|--|--|
| | SSN | : — | Date of Birth: | | | | | | |
| On the | day of | 20 | , before me personally came | | | | | | |
| | | , to me known to l | pe the individual described and who executed the assignment | | | | | | |
| on the reverse side hereof and acknowledged to me that they executed the same. | | | | | | | | | |
| | | | Notary Public | | | | | | |
| My commission expires | | | | | | | | | |
| | | | | | | | | | |
| Corporate Acknowledgment | | | | | | | | | |
| STATE OF | | | | | | | | | |
| COUNTY OF | UNTY OF | | | | | | | | |
| On the | day of | 20 | , before me personally came | | | | | | |
| , who being by me duly sworn, did depose and say that he resides in | | | | | | | | | |
| that he is the of , the corporation describe in and which executed the assignment on the reverse side hereof; that he knows the seal of said corporation; that the seal affixed to said assignment is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order. | | | | | | | | | |
| | | - | Notary Public | | | | | | |
| My commission expires | | | | | | | | | |
| The Company, in accordance with its rules, has retained the duplicate of this assignment. | | | | | | | | | |
| | | Ohio National Life | | | | | | | |
| | | Ву | | | | | | | |
| Cincinnati, Ohio | | | | | | | | | |

Form 9302 Rev. 11/03 (over)