

**General Information**

Policy/Certificate No.: \_\_\_\_\_ Issued by (the Company) \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_

**Assignee Information**

Assignee's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Daytime Telephone No.: \_\_\_\_\_

**Conditions and Agreements**

By signing below, I(We) certify that;

- The obligation resulting in this assignment has been fully satisfied and that;
- I(We) am releasing this assignment and all interest acquired in this policy/certificate and that;
- Unless otherwise noted, this will release all assignments of the noted Assignee and that;
- I(We) am legally capable of executing this release.

**Authorization and Signatures**

By signing below, I(We) agree to all the conditions and agreements stated above. I(We) understand that the Company does not assume any responsibility for validity or sufficiency of this release.

*Two officer's signatures are required for corporate-owned or corporate-assigned policies/certificates.*

Assignee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print or type) \_\_\_\_\_ Title:\* \_\_\_\_\_

Assignee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print or type) \_\_\_\_\_ Title:\* \_\_\_\_\_

*\* Required for a corporation, partnership, or trust.*