



North American Company

for Life and Health Insurance

Principal Office: 4601 Westown Pkwy, Suite 300

West Des Moines, IA 50266

A Member of the Sammons Financial Group



L513

RELEASE OF ASSIGNMENT

OF LIFE INSURANCE POLICY

Insured _____

Policy No. _____

Dated ____/____/____

Date assigned ____/____/____

Assigned to _____

The undersigned, Assignee under the above policy, hereby relinquishes all interest in the above referenced policy by virtue of the aforesaid assignment which is hereby released and cancelled.

Executed and witnessed this _____ day of _____.

Witnesses (two required)

Assignee(s)

Signature _____

Executed By: _____

(Print Name)

(Title)

Signature _____

Address _____

(Print Name)

City

State

Zip

NOTARY JURAT

State of _____

County of _____

ss:

On this _____ day of _____ before me personally came _____ to me, known to be the individual(s) described in and who executed this assignment and such individual(s) acknowledged to me and in my presence and executed this assignment for the purpose therein stated.

My term of office expires _____

The North American Company for Life and Health Insurance, in accordance with its rules, has retained the duplicate of this instrument.