



INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

930 E. 2nd Street Road, Suite 100 Edmond, OK 73034 ♦ 1-800-821-5434

Mailing Address: P.O. Box 30685, Edmond, Oklahoma 73003

**RELEASE OF ASSIGNMENT OF POLICY/CERTIFICATE
ISSUED BY INDIVIDUAL ASSURANCE COMPANY**

Policy/Certificate Number Date of Assignment Date of Release

Insured Owner (if other than Insured)

For the value received, the undersigned cancels and annuls this assignment and releases all right, title, claim, and interest of any kind whatsoever in this policy/certificate.

Assignee Signature By Signature and Title

ACKNOWLEDGEMENT OF NOTARY PUBLIC – CORPORATE FORM

State County

On the _____ day of _____ 20____, before me, a Notary Public in and for said County and State, personally appeared _____ who states that he/she is the _____ of _____ and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

(SEAL)

My commission expires _____
Notary Public

Duplicate received and filed at the Home Office of the Insurer in Edmond, Oklahoma this _____ day of _____ 20____.