



INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
5500 N. Western Avenue, Oklahoma City, Oklahoma 73118 ♦ 1-800-821-5434 ext. 422
Mailing Address: PO Box 14998, Oklahoma City, OK 73113-0998

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

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