



P.O. Box 1, Des Moines, Iowa 50306-0001

Customer Service • 1-800-247-2190

The Company does not guarantee the validity of any assignment

### Absolute Assignment of Insurance Policy

The undersigned hereby assigns and transfers to \_\_\_\_\_, whose address is \_\_\_\_\_, State of \_\_\_\_\_, and \_\_\_\_\_ heirs, executors, or administrators, all the undersigned's right, title and interest in Policy No. \_\_\_\_\_, on the life of \_\_\_\_\_, and all money which may be payable thereunder. The undersigned also, for \_\_\_\_\_ executors or administrators, hereby guarantees the validity and sufficiency of this agreement to the above-named assignee, \_\_\_\_\_ heirs, executors, or administrators.

Witness \_\_\_\_\_ hand at \_\_\_\_\_ in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Beneficiary, if any, Sign Here

Owner's Signature

Irrevocable

State of \_\_\_\_\_

Assignee's Signature

County of \_\_\_\_\_

Assignee's Social Security Number

Signed in my presence by the above named persons, known to and by me to be the persons so named.

\_\_\_\_\_  
Notary Public (Seal)

Send original to Home Office of Company. If form appears satisfactory, original will be returned.

Assignment received and filed at the Home Office of the Insurer in \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By \_\_\_\_\_  
Authorized Officer

To release this assignment, please use form on the other side and send to Home Office.

**This form of Assignment is furnished by the Company on request. As the laws of the states differ, it is urged that the Assignment be filled out and signed under the direction of a competent Attorney who is familiar with the laws of the state in which it is to be executed.**

**Complete this side ONLY when cancelling Absolute Assignment**

**Mutual Cancellation of Absolute Assignment**

It is agreed by and between the undersigned that the certain absolute assignment dated \_\_\_\_\_, 20 \_\_\_\_, of Policy No. \_\_\_\_\_ issued by the American Republic Insurance Company on the life of \_\_\_\_\_ is hereby mutually cancelled and the rights and interests of the persons named in said policy shall hereafter be considered the same as though the above described assignment had never been made.

Witness \_\_\_\_\_ hand at \_\_\_\_\_ in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Beneficiary, if any, Sign Here*

\_\_\_\_\_  
*Assignee sign here*

\_\_\_\_\_  
*Insured sign here*

Irrevocable

State of \_\_\_\_\_

County of \_\_\_\_\_

} SS

Signed in my presence by the above named persons, known to and by me to be the persons so named.

\_\_\_\_\_  
*Notary Public* (Seal)