



**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 number \_\_\_\_\_ 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 assignment 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)

*Mail the original form to American Republic Insurance Company, P.O. Box 9371, Des Moines, IA 50306-9371. If the form is satisfactory, the original will be returned to you.*

Assignment received and filed at the home office of the Insurer in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

AS THE LAWS OF STATES DIFFER, WE URGE 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.

**The Company Does Not Guarantee the Validity of Any Assignment**