

## INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

930 E. 2nd Street, 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 cand any kind whatsoever in this policy/certificate	=	eleases all right, title, claim, and interest of
	Ву	
Assignee Signature	By Signature and Title	
ACKNOWLEDGEME	NT OF NOTARY PUBLIC – C	ORPORATE FORM
State		County
On the day of	20, before me, a Notar	ry 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 se	al of said corporation, and that said ir	strument was signed and sealed on
behalf of said corporation by authority of its	Board of Directors, and said	
acknowledge said instrument to be the free		
(0-11)		
(SEAL)		
My commission expires		
my commission expires	<del></del>	Notary Public
	* * * * * * * *	
Duplicate received and filed at the Home Off	ice of the Insurer in Edmond. Oklahor	na this day of
20  IAC Release of Assignment (Rev. 02/20/2015		