Release of collateral assignment

from Combined Insurance Company of America

Page **1** of 1

CICA P.O. Box 40010 Lynchburg, VA 24506 Tel: 800 628.2238 Fax: 800 350.2038

- Complete this form to release a prior collateral assignment
- This document must be signed in the presence of a Notary
- Complete the contract or policy information, release and appropriate acknowledgment sections
- Please print clearly using blue or black ink, and initial any corrections or we may not be able to accept your request

Contra	ct o	nolicy	, infor	mation
Contra		PULL	, ,,,,	ınatıvı

Contract or policy information	on						
	Contract or policy	y number Use only the spaces ne	eded				
	Annuitant/insure		Birth Date				
	•		•				
Release of collateral assignm	nent						
Combined Insurance Company of America is referred to as "us" in this release of collateral assignment.	By signing below, you (the Assignee) • Discharge all interest of the assignment for value received • Release the assignment previously recorded by us for this contract or policy						
	Assignee name						
	•						
		ire and title <i>If applicable</i>	Date				
	x		•				
Acknowledgment Notary Publi	c must complete eithe	er the corporate or individual sectio	n				
Corporate acknowledgment	By signing and securing my Notary seal, I acknowledge that I have reviewed evidence of the corporate signer's (Assignee) corporate affiliation and personal identity.						
Place official seal here:	Date	State of	City/County of				
		•					
	Corporate signer name		Corporate signer title				
	Corporation name						
	Notary public			Expiration date			
	, ,			Expiration date			
	X		•				
Individual acknowledgment	By signing and securing my Notary seal, I acknowledge that I have reviewed evidence of the Assignee's personal identity.						
Place official seal here:	Date	State of	City/County of				
		•	,, ,				
	Assignee name						
	Notary public		Registration ID	Expiration date			
	X						