

ASSIGNMENT OF INTEREST FORM

For value received (\$ _____), I _____
(Name)

of _____
(Address)

do hereby assign to _____
(Agency or Agent : as case may be)

any and all sums due to me as return premium on _____

Policy Number _____, Total Premium Paid \$ _____

In witness whereof, I have herewith set my hand and seal the _____

day of _____, 20_____

(Signature of Insured)

WITNESS: _____

WITNESS: _____

STATE OF: _____

COUNTY OF: _____

On this ____ day of _____, 20_____, before me
personally came _____ to me known,

who acknowledges executing the above in the presence of the undersigned freely and voluntarily.

Witness my hand and official seal in the County and State aforesaid on the aforesaid date.

My Commission Expires:

Notary Public

PLEASE NOTE: THIS FORM MAY NOT BE SUBMITTED ELECTRONICALLY