

ASSIGNMENT OF POLICY

The undersigned Insured under Policy No.
of the
hereby assigns said Policy of Insurance to at:

, Signed by:

Dated: _____

*, Assignor

*, Assignee

CONSENT TO ASSIGNMENT

The said above named Insurance Company hereby consents to the foregoing assignment of
said Policy, issued

at its _____ Agency.

Dated: _____

, Agent

Disclaimer

These forms, letters and articles are provided for your convenience and are not a substitute for the advice of an attorney. Use these documents at your own risk. Because requirements from state to state may vary and or change from time to time, NO representation or warranty as to legality, accuracy, correctness or acceptance of these documents by any state or jurisdiction is indicated. Please check with your local court house or consult an attorney to ensure accuracy before using these documents. Legal advice should always be sought from legal counsel in the relevant jurisdiction.

Reviewed By: _____

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