

**Release of Assignment of
Insurance Policy** 18-236-2 (09/18)



Americo Financial Life and Annuity Insurance Company
Phone: 800.231.0801 • Fax: 800.395.9238 • Email: forms@americo.com

Whereas, by a certain assignment, dated _____ Policy No. _____

Insurance Company Name _____

on the life of _____

was transferred to _____

the undersigned, as collateral security for indebtedness.

THIS IS TO CERTIFY that the said indebtedness has been paid in full and said Assignment is hereby cancelled and fully voided and the said Policy and all rights thereunder are hereby fully released and discharged from said Assignment.

Date

X _____
Witness

X _____
Signature

Title