



## RETROCESSION

**Policy Number:** \_\_\_\_\_

**Life Insured:** \_\_\_\_\_

**Policy Owner:** \_\_\_\_\_

Amounts or consideration due to me has been entirely paid to my satisfaction.

Consequently, I give up all my rights and privileges in the policy.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
**WITNESS**

X \_\_\_\_\_

**ASSIGNEE SIGNATURE**

(If business, authorized persons must sign and indicate title. Print full legal name of business and affix corporate seal, if available.)

If the assignment is revoked by a financial institution, a stamp is required.