



## 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.