

Release of Collateral Assignment



Zurich American Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 888.634.6780
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www.zlifeusa.com

Policy Number

Name of Insured(s)

Name of Policy Owner (if other than Insured)

Policy Owner's Telephone Number

Address of Policy Owner

FOR GOOD AND VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, the undersigned(s) releases all right, title and interest in and to the above-described Zurich American Life Insurance Company life insurance policy under the "Collateral Assignment of Policy Benefits" dated _____.

The undersigned(s) understands that by executing this Release of Collateral Assignment, Zurich American Life Insurance Company is authorized to rely on it without regard to the release's validity and that the Assignee's rights, title and interest in the policy revert to the Policy Owner [subject to any other existing lien(s)].

Signed and dated in: _____ on _____
(City/State) Date (MM/DD/YYYY)

Signature of Assignee (and Title if corporation)

Assignee's Taxpayer Identification Number

Assignee's Telephone Number

Signature(s) of Irrevocable Beneficiary(s) (if applicable)

Signature of Witness

Name of Witness (please print)

Address of Witness

Witness Telephone Number