

Protective Life & Annuity Insurance Company

Life and Health Insurance Administration | P.O. Box 12687 | Birmingham, AL 35202-6687

Policy Number:	Insured(s):
Owner(s):	

RELEASE OF ASSIGNMENT

The object for which the Policy Number _____ issued, coinsured, or assumed by Protective Life & Annuity Insurance Company was assigned to _____.
having been fully discharged and satisfied, I/we hereby assign and relinquish to the assignor all our right, title, claim and interest conveyed by said assignment on _____ (date).

By: _____

Title: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

I, the undersigned authority, in and for said County, in said State, hereby certify that

_____ whose name as _____
of _____ is signed to the foregoing Release of Assignment, and who is known to me, acknowledged before me on this day that, and with full authority, executed the same voluntarily for and as the act of said corporation.

Notary Public

My commission expires

Signature Requirements

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. The Assignee must sign this form and the signature must be notarized.