

**Protective Life and Annuity Insurance Company**

Life and Health Insurance Administration

P.O. Box 12687

Birmingham, AL 35202-6687

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

**Insured's Name:** \_\_\_\_\_ **Owner's Name:** \_\_\_\_\_

**RELEASE OF ASSIGNMENT**

The object for which the Policy Number \_\_\_\_\_ issued, coinsured, or assumed by Protective Life and Annuity Insurance Company was assigned to \_\_\_\_\_. This assignment was either (**select one**) in the amount of \$\_\_\_\_\_ or for the percentage of \_\_\_\_\_%, 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).

**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.**

Witness our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_(month), \_\_\_\_\_(year).

By: \_\_\_\_\_

Title: \_\_\_\_\_

**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.

\_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public

**SIGNATURE REQUIREMENTS**

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. If the Policy is assigned, the Assignee does not have to sign.
3. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured. The title of the officer signing the form should also be included.
5. If the Policy is owned by a corporation, this form should be signed by an officer other than the insured. The title(s) of the officer(s) signing the form should also be included. If there is only one corporate officer, please advise on this form.