

Identification

The Undersigned
First name

Last name

The Undersigned
First name

Last name

The Undersigned assignee registered On policy number
Month / Day / Year

For the amount of \$. issued by Humania Assurance Inc.,
Month / Day / Year

On the life of Mr/Mrs
First name

Last name

Recognized that Mr/Mrs
First name

Last name



Identification (...continued)

Is released its obligations to guarantee with the policy said had been removed and leaves me all my rights that may belong to me under that assignment.

Signed at _____

This _____ / /
Month / Day / Year

Witness _____
Signature

Name of Assignee _____ Assignee Occupation _____

Signature of Assignee _____ Signature of Assignee _____

Humania Assurance Inc., expresses no opinion and assumes no responsibility for the cessed.

For the Head Office: Date registered / / Registered by _____
Month / Day / Year

Humania Assurance Inc., 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6