

**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, P.O. Box 10000, Saint-Hyacinthe, Quebec J2S 7C8