



# RELEASE OF ASSIGNMENT

| POLICY NUMBER(S) |
|------------------|
|                  |

| NAME OF LIFE INSURED |
|----------------------|
|                      |

| RELEASE OF ASSIGNMENT   |
|---|
| <p>For adequate consideration, _____, to whom the<br/> <small>(Name of Assignee)</small><br/>         above policy(ies) is(are) assigned, hereby relinquishes all interest in the said policy(ies) and its(their) proceeds.</p> |

| SIGNATURES  |
|---|
| <p>A photocopy or an electronic reproduction of this document will be as valid as the original.</p> <p>_____</p> <p>Date                      Name of Assignee (please print)</p> <p>_____</p> <p>Signature of Assignee</p> |

| FOR EXECUTIVE OFFICE USE ONLY |
|-------------------------------|
|                               |

**PLEASE RETURN FORM TO:**  
**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg MB R3C 1A8**

**An endorsed copy of this form will be returned to you once we have recorded the change.**

Should you have any questions or need assistance, please contact our Customer Service Department:  
 PHONE: 1-800-263-6785 FAX: 1-888-985-3872 EMAIL: [lifecustserv@wawanesa.com](mailto:lifecustserv@wawanesa.com) WEBSITE: [wawanesalife.com](http://wawanesalife.com)