



RELEASE OF ASSIGNMENT

POLICY NUMBER(S)

NAME OF LIFE INSURED

RELEASE OF ASSIGNMENT

For adequate consideration, _____, to whom the
(Name of Assignee)
above policy(ies) is(are) assigned, hereby relinquishes all interest in the said policy(ies) and its(their) proceeds.

SIGNATURES

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ _____
Date Name of Assignee (please print)

Signature of Assignee

**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