



**MEDICO®**  
INSURANCE COMPANY

P.O. Box 10386, Des Moines, IA 50306-0386

*The Company does not guarantee the validity of any assignment*

**Absolute Assignment of Insurance Policy**

The undersigned (the "Assignor") hereby assigns and transfers to \_\_\_\_\_ (the "Assignee") whose address is \_\_\_\_\_ located in the State of \_\_\_\_\_, and his/her heirs, executors, or administrators, all of the Assignor's right, title and interest in Policy No. \_\_\_\_\_, issued on the life of \_\_\_\_\_, including all money which may be payable thereunder. The Assignor hereby guarantees the validity and sufficiency of this agreement to the above-named Assignee, and his/her heirs, executors, or administrators.  
*(Insured's Name)*

\_\_\_\_\_  
*Signature of Assignor (current owner)*

\_\_\_\_\_  
*Signature of Assignee (new owner)*

\_\_\_\_\_  
*Assignee's Social Security Number*

\_\_\_\_\_  
*Signature of Spouse (required if community property state)*

\_\_\_\_\_  
*Signature of Spouse (required if community property state)*

\_\_\_\_\_  
*Spouse's Social Security Number*

**NOTARY BLOCK FOR ASSIGNOR/SPOUSE'S SIGNATURES**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the Assignor named above and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.

\_\_\_\_\_  
*Signature of Notary Public*  
*My commission expires: \_\_\_\_\_*

*(Affix Seal or Stamp)*

**NOTARY BLOCK FOR ASSIGNEE/SPOUSE'S SIGNATURES**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the Assignee named above and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.

\_\_\_\_\_  
*Signature of Notary Public*  
*My commission expires: \_\_\_\_\_*

*(Affix Seal or Stamp)*

**This section for Home Office Use Only.**

Assignment received and filed at the Home Office of the Insurer in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, *Authorized Officer*

**This form of Assignment is furnished by the Company on request. As the laws of states differ, it is urged that the Assignment be filled out and signed under the direction of a competent Attorney who is familiar with the laws of the state in which it is to be executed.**