


Last name of policyholder 1	First name of policyholder 1
Last name of policyholder 2	First name of policyholder 2
Contract No.: <input style="width: 150px;" type="text"/>	

**DECLARATION OF RELINQUISHMENT BY THE CREDITOR HOLDING A SECURITY ON THE CONTRACT**

I relinquish all my rights with regard to the above contract and to everything associated with it.

I acknowledge that the Insurer assumes no responsibility as to the consequences of this relinquishment.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

 \_\_\_\_\_  
 Signature of the creditor holding a security on the contract or the authorized representative of the creditor, if an entity\*      Name of the creditor holding a security on the contract (please print)

\_\_\_\_\_ Postal code

\_\_\_\_\_ Area code      Telephone

\* When the creditor is a company, a resolution of the appropriate board of directors must be provided.  
 When the creditor is a financial institution, the corporate seal is required.

(Registration of this release from assignment in the Insurer's records does not guarantee its validity or lawfulness.)