



P.O. Box 477
127 Kaiser William Ave.
Langenburg, SK. S0A 2A0
Phone: 306-743-5363
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RELEASE OF INTEREST ENDORSEMENT

Insured Name: _____ Policy Number: _____

Broker Name: _____
_____ at _____

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For value received, _____ hereby transfer, assign, and set over
unto _____ of _____
all, _____ right, title and interest in the Policy, and all benefit and advantage
to be derived therefrom, subject nevertheless, to all its terms and conditions.

Dated at _____

This ____ day of _____, 20__

Witness:



Signature of Insured

