



Absolute Assignment of Insurance Policy

Submitted to Wellabe, Inc. (the "Company")*

The Company does not guarantee the validity of any assignment.

The undersigned (the "assignor") hereby assigns and transfers to _____ (the

"assignee") whose address is _____,

and his/her/their heirs, executors, or administrators, all of the assignor's rights, title, and interest in policy number _____, 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-name assignee, and his/her/their heirs, executors, or administrators.

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)

NOTARY BLOCK FOR ASSIGNOR/SPOUSE'S SIGNATURES

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared _____,

known to me to be the assignor named above and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their 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 _____,

known to me to be the assignee named above and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their voluntary act and deed.

Signature of Notary Public

My commission expires: _____
(Affix Seal or Stamp)

* The Company includes, but is not limited to, American Republic Insurance Company, American Republic Corp Insurance Company, Great Western Insurance Company, Medico Insurance Company, and/or Medico Life and Health Insurance Company. Medico Insurance Company administers for Ability Insurance Company. Medico Life and Health Insurance Company administers for Pioneer Mutual Life Insurance Company.

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.



Irrevocable Beneficiary Acknowledgment

Any policy beneficiary designated as an **irrevocable beneficiary** must agree to and acknowledge this absolute assignment of ownership by signing below.

The undersigned, as an irrevocable beneficiary designated in policy number _____, which is the subject of this Absolute Assignment of Insurance Policy, hereby acknowledges and agrees to assignment of policy ownership as outlined herein. I further acknowledge and understand that by execution of this absolute assignment, the assignee will have full ownership rights and authority to said insurance policy.

Signature of irrevocable beneficiary (if any)

Printed name of irrevocable beneficiary

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared

_____, known to me to be the irrevocable beneficiary named above and who executed the foregoing, and acknowledged that he/she/they executed the same as his/her/their voluntary act and deed.

Signature of Notary Public

My commission expires: _____
(Affix Seal or Stamp)

We suggest you keep a copy of all the information you send for your records. Mail the completed form to:

Wellabe, Inc.
P.O. Box 1
Des Moines, IA 50306-0001

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.