

## **RELEASE OF ASSIGNMENT**

3520 Broadway P.O. Box 219272 Kansas City, MO 64121-9272 800-821-6164 ext. 8060 www.kclife.com

THE CONSIDERATION for w	hich Policy Number	, issued by the KANSA	_, issued by the KANSAS CITY LIFE INSURANCE COMPANY, on		
	Ĭ	Policy Number			
the life of		, of		,	
			, of, Street Address		
		,, was assigned to	, was assigned to,  ZIP Name of Assignee		
City			Name of Assignee		
Street Address		City	State	ZIP	
having been fully paid and satisfi	ed, We/ I hereby relinqui	sh all interest in said policy.			
Signed this		day of	20	)	
Ву:					
	Preside	nt – or – Vice President if applicable			
Address Street					
Address City		State	ZIP		
of assignment.		in accordance with its rules as stated a			
	71	unsonizea Signature			
<del>_</del>		de part of the policy file on the date it the policy owner at the address of recor		t Kansas City Life	
		IGNMENT, THE COMPANY SUGC		· ·	
=	· ·	pehalf of a corporation the seal of the corporation the release of assignment is duly a	=	l, or in the absence	
The Company has no responsibil	lity for the validity of any	release of assignment.			