FARMERS LIFE INSURANCE COMPANY

Release of Assignment

Important:

This Release of Assignment form is used to release a collateral assignment when a debt has been repaid on a collaterally assigned contract. Farmers Life Insurance Company will retain a copy of this signed and dated Release of Assignment; however, ***Farmers Life Insurance Company assumes no responsibility for the validity of the assignment or its release.***

Signatures: The assignee(s) must sign this form. If the assignee(s) is an individual, all individual assignees must sign. If the assignee is a Corporation, Business Entity or Trust, all signatures required by the governing documents of the trust agreement (if a Trust) must be included, in addition to the authorized representative(s) title or signing capacity.

Delivery of Form: This signed and dated Release of Assignment form must be forwarded to our Home Office at the address shown below.

Producer: *The Producer is to provide a copy of this signed form to all signing parties.*

1. Contract Owner Information

Farmers Life Insurance Company contract number(s)

Name of contract owner | Owner phone | Owner birth date

Joint owner full name *if applicable* | Joint owner phone | Joint owner birth date

Street address | City | State | ZIP

2. Assignee Information

Date of original assignment

Name of assignee | Attn: *if applicable* | Assignee birth date

Name of assignee | Attn: *if applicable* | Assignee birth date

Street address | City | State | ZIP

3. Release Signatures

I authorize Farmers Life Insurance Company to release the assignment indicated above and, thereby, relinquish and release all the right, title and interest in and to the Contract(s) identified by the Contract Number(s) shown above. For value received, the assignment is fully released and reassigned to the assignor.

Each of the undersigned attests that no bankruptcy, insolvency or similar proceedings have been filed or commenced by or against him/her/them, and that no bankruptcy proceedings are now pending.

If signing on behalf of an entity, I represent that I am authorized to execute this instrument and make the statements shown above. I further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and any authorized signatures (in the case of a Corporation and/or Trust) have been met.

Assignee's signature | Title *if applicable* | Date signed

Assignee's signature | Title *if applicable* | Date signed

Corporation, Business Entity or Trust full legal name *if applicable*