WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
3275 Bennett Creek Avenue
Frederick, MD 21704-7608
(800) 346-4773

RELEASE OF ASSIGNMENT

Insured _____ **Policy Number** _____

Assignee _____

The Assignee of the above described policy hereby releases the assignment of said policy, and requests that the assignment of said policy to the Assignee be revoked as of the date of this instrument, and agrees that the Assignor, without the consent of said Assignee, may have every benefit, exercise every right, and enjoy every privilege conferred upon the Assignor by said policy.

Witness my hand and seal this _____ day of _____ 20 _____

STATE OF _____ } ss: Assignee _____

COUNTY OF _____

On the _____ day of _____ 20 _____ , before me personally came _____ to me known to be the assignee, or to be authorized to release the above assignment on behalf of the assignee.

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK **Notary Public** _____

Received and Recorded By: **(My commission expires** _____)