

Release of Collateral Assignment Request



MERIT LIFE INSURANCE CO. | 1900 SOUTH BLVD., SUITE 300 | CHARLOTTE, NC 28203 | 833-637-4854

General Information:

This Form is used to release the Collateral Assignment of the contract noted below.

Changes are considered effective when they are received, deemed in good order and acknowledged by us in writing.

1. Assignee

Contract Number	Preferred Contact Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Assignee's Name		Date of Assignment
Address		
City/Town	State	Zip Code

2. Release

The undersigned being the Assigned of the Contract Number above here cancels the collateral assignment in this contract and releases all rights and claims under the collateral assignment.

Assignee Signature	Date (mm/dd/yyyy)
Printed (<i>First, Middle, Last Name</i>)	
Title (if you are acting in a representative capacity)	
City & State Where Signed	
Witness to Signature	Date (mm/dd/yyyy)
Printed (<i>First, Middle, Last Name</i>)	

This release is offered solely as an accommodation. The Company is not a party to this transaction and does not assume any responsibility for its validity or sufficiency.

Fiduciary, trust, corporate, partnership and other business assignees must indicate the title and name of the signing official (other than Owner or Annuitant). Trusts must be signed by all serving trustees.

This form can be submitted via:
U.S. or Overnight Mail
Knighthead Life
1900 South Boulevard, Suite 300
Charlotte, NC 28203

Fax: 980-431-5237 or Via Email: customerservice@knightheadinsurance.com

For any questions, please contact our National Operations Center at: (833) 637-4854

ANNUITIES ARE ISSUED BY MERIT LIFE INSURANCE CO.

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