



American Century Life Insurance Company
8596 E 101 Street Suite F Tulsa, OK 74133
(918) 712-7770
Fax (918) 712-7773

Elect, Change or Release of Irrevocable Assignment

Name of Insured _____ Policy Number _____

Name of Owner if Different than Insured _____

Email Address _____ Phone Number _____

Last 4 of Social Security # _____ Date of Birth _____

Current Assignee: _____

Change or Elect Irrevocable Assignment of Benefits To:

Name _____

By changing the above assignment, I acknowledge transfer and assign all rights, title, interest and claims to the above. The owner acknowledges that by making this assignment they waive the right to collect from the insurance company the net proceeds of the policy when it becomes a claim by death, the right to surrender the policy and receive the cash surrender value, the right to obtain a policy loan, the right to be designated as the beneficiary and the right to collect or receive income from this policy.

Signature of Owner/Annuitant _____ **Date** _____

Release of Irrevocable Assignment:

As authorized representative of assignee this signature releases this irrevocable assignment and all the benefits and proceeds provided by this assignment on the policy number listed above. I understand and agree that this is a full and final release applying to all claims presently known and unknown. We hereby unconditionally release and forever discharge American Century Life of upholding this assignment. This relinquishes our responsibility under **Title 36, Chapter 2, Section 6129.**

Signature of Representative _____ **Date** _____

Please retain a copy for your records

For Office Use Only:

Date Received by American Century Life _____ Completed _____

Signature of American Century Representative _____