



**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 \_\_\_\_\_